VON COUNTY COUNCIL

(MEDICAL DEPARTMENT)

ANNUAL REPORT

OF THE

School Medical Officer

FOR THE YEAR

1950

EXETER
Printed by Besley & Copp, Ltd., Courtenay Road
1951

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER, 1950.

INTRODUCTION AND SUMMARY.

To the CHAIRMAN and MEMBERS of the DEVON COUNTY EDUCATION COMMITTEE.

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report of the work of the School Health Service in the County for the year ended 31st December, 1950.

It is a pleasure to record that new clinic premises, which fill a long felt want, were opened at "Newcombes," Crediton, during the year. The premises provide an adequate headquarters for the Minor Ailments Clinic, Speech Therapy Clinic and the Dental Clinic. They are used also for the purposes of the Maternity and Child Welfare Centre. New premises were also occupied by the Minor Ailment Clinic at Borough Park, Totnes. In addition it was possible during the year to give the west and mid-Devon area of the County the facilities of Speech Therapy when the third Speech Therapist was appointed in September.

It is greatly regretted, as recorded in my remarks on page 26 that the Open Air School at Torquay had to be partially closed before the winter set in. There is urgent need for the re-housing of the Open Air School in a suitable building with up-to-date facilities and it was heartening to learn that the Education Committee had taken vigorous steps to secure the necessary permission to build new premises.

Protracted correspondence has been held with the Regional Hospital Board in an endeavour to secure the services of a Psychiatrist, under the terms of Circular 179 of 1949, for the Child Guidance Centres in the County but at the end of the year the Centres were still without a Psychiatrist. The work was carried on as far as possible by the Educational Psychologists and the Psychiatric Social Workers but without the essential member of the team, it was necessarily unsatisfactory.

At the year's end, a satisfactory system of interchange of information between the Hospitals and the School Health Service had not yet been evolved and discussions are still proceeding.

As regards dental treatment the staffing position is still far from satisfactory. Nevertheless it should be noted that it has been possible in Barnstaple, Exmouth, and Torquay to employ part-time practitioners in order to keep the elements of a service in being. I should also like to call particular attention to Mr. Fletcher's remarks concerning the possibility of materially reducing the incidence of dental decay in young people by the simple public health project of adding minute quantities of "fluorides" to the drinking water. A number of controlled experiments in the adding of 1 part per million of fluorine to the communal water supplies has been in progress in North America during the past 5 years, and a consequent improvement in the teeth of the younger age groups has been reported in every case. "There have been no negative results" says the American Dental Association in its publication "Fluoridation in the Prevention of Dental Caries," February, 1951. The experiments have not yet been in progress long enough for the full effect to become apparent in the older children, but the expected diminution in the incidence of decay, if the early promise is fulfilled, will be some half to two-thirds of the present rate. In the United States claims are being made that by this simple public health project the number of decayed, missing and filled teeth at the age of 14 years could be reduced from an average of 10 to an average of 3. If experiments were to show that a similar improvement could be anticipated in this country it can well be imagined how great a saving in dental manpower would result.

That section of the Chief Dental Officer's report to which I have referred appears on page 59.

In conclusion, I wish to render thanks to the Committee for their assistance during 1950, to my Deputy, Dr. W. J. Doyle, who has been chiefly responsible for the compilation of this Report, and to the Medical, Dental and Nursing Staffs, for their continued co-operation. I must also express my thanks to the Headmistresses and Headmasters of the various schools for their continued help and to the clerical staff in the Medical Department who have been chiefly responsible for the compilation of the statistics.

I am,

Your obedient Servant,

L. MEREDITH DAVIES.

"Ivybank,"
45, St. David's Hill,
Exeter.

STAFF.

The following lists of Staff show those employed during the whole or any part of the Year 1950 :—

School Medical Officer.

L. Meredith Davies, M.A., M.D., B.Ch. (Oxon), M.R.C.S., L.R.C.P., D.P.H. (Oxon).

Deputy School Medical Officer.

W. J. Doyle, M.B., B.Ch., B.A.O., D.P.H., B.Sc., (Public Health). L.M.

Assistant County Medical Officers and Medical Officers of Health. (Combined Appointments).

L. G. Anderson, M.D., Ch.B., D.P.H. (Exmouth U.D. and St. Thomas R.D.)

A. Dick M.D., Ch.B., D.P.H. (Brixham, Dartmouth and Paignton U.D.)

H. M. Davies, M.A., M.R.C.S., L.R.C.P., D.P.H. (Newton Abbot U. & R. and Dawlish U.). (From 1.7.50).

Assistant County Medical Officers.

John Steele Aldridge, M.R.C.S., L.R.C.P., (Commenced 24.4.50).

Mary Eluned Budding, B.Sc., (Wales), M.B., B.Ch., (Wales), D.P.H. (Eng.).

Thomas Johannes Davidson, M.B., Ch.B., D.P.H., D.T.M. & H. (Commenced 13.3.50).

Howell M. Davies, M.A., M.R.C.S., L.R.C.P., D.P.H. (To 30.6.50).

Thomas Gibson, M.D., C.M., D.P.H. (Resigned 31.1.50).

Margaret Gunner, M.B., Ch.B. (Appointed part-time 8.2.50—Resigned 31.12.50).

Dorothy M. Green, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Jean Mary Hinde, M.A., B.M., B.Ch., D.R.C.O.G. (Appointed part-time 1.5.50).

Marjorie H. King, M.B., Ch.B., D.P.H.

Graham D. Park, M.C., M.B., Ch.B., D.P.H. (Resigned 11.3.50).

Nora Proctor-Sims, M.R.C.S., L.R.C.P., M.R.C.O.G.

Sydney B. S. Smith, L.M.S.S.A. (Lond.), D.T.M. & H. (Eng.). (Resigned 28.2.50).

Louis Solomon, B.A. (Hon.)., M.B., B.Ch., B.A.O., L.M., (Rotunda), D.P.H. (Lond.), D.C.H.

Harold Russell Vernon, M.B., C.H.B. (Edin.).

Grace Hortense Walker, M.B., Ch.B., D.P.H.

Joan Williams, M.B., Ch.B., D.P.H., D.C.H. (Resigned 31.1.50).

**County Ophthalmic Surgeons.*

Margaret Lempriere Foxwell, M.R.C.S., L.R.C.P., D.P.H., D.C.H.

William Gardner Hutton, M.A., M.R.C.S., L.R.C.P., D.O.M.S.

**County Ophthalmic Surgeons' Assistants.*

Dorothea M. Newman.

Edith Barth.

*The School Ophthalmic Service was taken over by the S. Western Regional Hospital Board on 1.4.49.

County Psychiatrist.

Hugh Scott-Forbes, M.R.C.S., L.R.C.P., D.P.M. (Part-time. Resigned 8.1.50).

Medical Advisor in Mental Health.

Christine Joanna McLeay, M.B., Ch.B., (Commenced 1.2.50).

County Psychologist.

Alice M. Silver, M.A., (Lond.).

Social Workers in Child Guidance (Temporary).

F. M. Dickinson, D.S.S. (Part-time).

Margery Joan Hogg (Absent from 1.9.50 for one year).

Alan D. Thorne (Temporary from 11.10.50).

Speech Therapists.

Mary H. Elsworthy, L.C.S.T.

Mary Winifred Burridge, L.C.S.T.

Mary Katherine Bridget Ryan, Nat. Dip. Speech Therapy. (Commenced 8.9.50).

Dental Staff.

Senior Dental Officer :

Jeffrey Fletcher, L.D.S.

County Dental Officers :

Mr. Horace Norman Barnes, L.D.S., (Appointed part-time 5.12.50).

Mr. William Hugh Burndred, L.D.S., R.C.S., (Appointed part-time 5.12.50).

Miss J. G. Campbell, L.D.S., (Resigned 24.10.50).

Mr. J. L. Dickson, L.D.S.

Mr. William Abbet Dredge, L.D.S., (Re-appointed 27.9.50).

Mr. T. L. Fiddick, L.D.S.

Mr. R. N. Harris, L.D.S., (Deceased 13.2.50).

Dr. D. R. House, M.R.C.S., L.R.C.P., L.D.S.

Mrs. M. F. Inder, L.D.S., (Re-appointed part-time 10.1.50).

Mr. R. J. Inder, L.D.S.

Mr. Harry Percy Joscelyne, L.D.S., (Appointed part-time 11.9.50).
Mr. K. W. Massey, L.D.S.
Mr. A. S. Peacock, L.D.S., D.D.O., (Also Part-time Orthodontist).
Mr. G. Pendlebury, L.D.S., (Resigned 8.8.50).
Mr. J. A. Pugh, L.D.S., (Appointed Part-time 1.3.50).
Miss E. Rich, L.D.S., (Commenced 6.1.50).
Miss B. J. Shapland, L.D.S.
Mr. J. E. B. Smith, L.D.S.
Mr. L. D. Smith, L.D.S., (Resigned 31.8.50).
Mr. J. W. Steer, L.D.S.

Dental Attendants.

Miss P. M. Beale.
Miss S. E. Bearne.
Mrs. G. M. Davie.
Miss F. Featherstone.
Miss P. M. Foster, (Commenced 22.5.50).
Mrs. R. Gentry.
Miss D. Golding.
Miss K. Hudson, (Commenced 5.12.50).
Miss D. J. Martin, (Resigned 9.2.50).
Miss M. H. Oke, (Resigned 30.12.50).
Miss B. E. Power.
Miss E. M. Rich, (Resigned 1.7.50).
Miss W. Sabine.
Mrs. D. Sabine.
Miss M. Sheldon.
Miss M. E. M. Skinner.
Miss J. Sturgess.
Mrs. W. F. Turnbull.
Mrs. Wellby, (Resigned 26.2.50).
Miss M. Whitfield, (Resigned 30.4.50).

Health Visitors—School Nurses.

Frances Heron-Watson, M.B., Ch.B., D.P.H., who was Senior Medical Officer for Maternity and Child Welfare and who supervised the work of the Health Visitors-School Nurses, resigned on 18.5.50. Dr. Florence Gloria Richards, M.R.C.S., L.R.C.P., D. (obst.,) R.C.O.G., being appointed in her stead as from 1.7.50. No part of the salary connected with this post is allocated to the School Health Services.

Miss A. P. Andrews, S.R.N., S.C.M., H.V.C.

Miss H. J. Ballard, S.R.N., S.C.M., H.V.C., Commenced 27.11.50.

Mrs. J. Bitten, S.R.N., S.C.M., H.V.C., Resigned 30.9.50.

Mrs. A. Butler, S.R.N., S.C.M., H.V.C.

Health Visitor—School Nurses—Conts.

Miss W. Caffyn, S.R.N., S.C.M., H.V.C.
Miss J. B. Clark, S.R.N., S.C.M., H.V.C.
Miss I. K. Edwards, S.R.N., S.C.M., H.V.C.
Miss H. Farley, S.R.N., S.C.M., H.V.C., Resigned 21.2.50, Temporary Appointment.
Miss H. Faulkner, S.R.N., S.C.M., H.V.C.
Miss W. Frayling, S.R.N., S.C.M.
Miss L. Gilbert, S.R.N., S.C.M., H.V.C.
Miss E. M. Green, S.R.N., S.C.M., H.V.C., Commenced 11.9.50, Resigned 12.12.50.
Miss G. Greenwood, S.R.N., S.C.M.
Miss E. M. Hall, S.R.N., S.C.M., H.V.C.
Miss P. M. Harper, S.R.N., S.C.M., H.V.C.
Miss M. Harris, S.R.N., S.C.M., H.V.C.
Miss M. Harry, S.R.N., S.C.M., H.V.C.
Miss E. Honeywell, S.R.N., S.C.M., H.V.C.
Miss G. Jones, S.R.N., S.C.M., H.V.C., Resigned 3.1.50.
Miss M. I. Lawrence, S.R.N., S.C.M., H.V.C.
Miss M. Leathley, S.R.N., S.C.M., H.V.C.
Miss R. Lee, S.R.N., S.C.M., S.I.Cert.
Mrs. L. Lee, S.R.N., S.C.M., H.V.C.
Miss L. Luff, S.R.N., S.C.M., H.V.C.
Mrs. P. D. McFarlane, S.R.N., S.C.M., H.V.C.
Miss G. Mason, S.R.N., S.C.M., H.V.C.
Miss R. I. Morris, S.R.N., S.C.M., H.V.C.
Miss R. Ody, S.R.N., S.C.M., H.V.C., Resigned 10.7.50.
Miss I. W. Pester, S.R.N., S.C.M., H.V.C.
Miss D. Pulsford, S.R.N., S.C.M., H.V.C.
Mrs. A. Ralls, S.R.N., S.C.M., H.V.C.
Mrs. E. M. Rogers, S.R.N., S.C.M.
Miss E. Ryall, S.R.N., S.C.M., H.V.C.
Miss E. M. Sercombe, S.R.N., S.C.M., H.V.C.
Miss M. J. Simpson, S.R.N., S.C.M., H.V.C.
Miss N. Smith, S.R.N., S.C.M., H.V.C.
Mrs. W. Sparks, S.R.N., S.C.M., H.V.C.
Miss M. Steward, S.R.N., S.C.M., H.V.C., Resigned 28.10.50.
Miss M. E. Stone, S.R.N., S.C.M., H.V.C.
Miss M. M. Thain, S.R.N., S.C.M., H.V.C.
Miss J. M. Wallace, S.R.N., S.C.M., H.V.C.
Miss E. H. Walters, S.R.N., S.C.M., H.V.C.
Miss M. Walters, S.R.N., S.C.M.
Miss O. Walters, S.R.N., S.C.M., H.V.C.
Miss J. West, S.R.N., S.C.M., H.V.C.

School Nurses.

Mrs. E. M. Clarke, S.R.N.

Nursing Assistants.

On 31st December 1950 there were 14 full-time and 1 part-time Nursing Assistants.

Clerical Staff.

CHIEF CLERK :

R. F. Anning, (Deceased 6.4.50).

H. T. Baldwyn, (Commenced 1.5.50).

School Health Section.

CLERK IN CHARGE OF SECTION :

W. A. Down.

GENERAL STATISTICS.

Area of Administrative County—1,652,735 acres.

Population of Administrative County at last Census (1931), 458,664.

Registrar General's Estimated Population, mid-1950, 508,386.
Rateable value of County—£3,484,945.

Value of 1d. rate on area, 1950/51—£14,100. (This figure represents a revised estimate in January 1951).

		Primary	*Secondary* *	*Further* †	*Special*	*Total*
(a)	Number of Schools :					
	County	221	59	7	2	289
	Voluntary	178	1	—	—	179
	Totals	399	60	7	2	468
(b)	Number of children on roll 31.12.50.	36,989	17,966	381	101	55,437
(c)	Number of permanent closures during year	7	—	—	—	7
(d)	Estimated average number on roll	55,500 (excluding "Further.")				

* Inclusive of Modern, Grammar, and Technical (Sec.).

† Other than secondary age pupils.

MEDICAL INSPECTION.

(*a*) General.

The total number of children medically examined at "Periodic" Inspections in Primary and Secondary Schools, (including two Special Schools) was 19,928 against 20,408 in 1949 and the number examined as "Specials" was 16,117 (17,350 in 1949). The number of "Re-examinations" carried out during 1950 was 37,628 against 40,658 in 1949, (see Table I(i) below).

(*b*) Children found at Periodic Examinations to require treatment.

The number of children found under this heading (excluding those suffering from dental disease, dirty or verminous conditions) is shown in Table 1 (C).

The percentage for Primary school children was 10.4 as against 10.2% for 1949. For Secondary Schools the figures were 6.5% (7.9% in 1949).

The information given in Table 1(i) below is that required by the Ministry of Education. An analysis of these figures, giving in addition those relating to Further Education is shown in Table 1(ii).

Table I. (i).

Medical Inspection of Pupils attending Maintained Primary and Secondary* Schools (Including Special Schools).

(A). Periodic Medical Inspections.

Number of Inspections in the prescribed Groups.

	Total
Entrants	6,551
Second Age Group	4,064
Third Age Group	2,218
Total	12,833
Number of other Periodic Inspections	7,095
Grand Total	19,928

(B). Other Inspections.

Number of Special Inspections	16,117
Number of Re-Inspections	37,628
Total	53,745

Note.—These figures include examinations at School Clinics as well as those carried out at schools. They also include those for Secondary Technical Departments, which exist in two "Further Education" Schools.

* Including those of Grammar School type.

Table I. (ii).

		Male.	*Female.*	*Total.*
(A).	PERIODIC MEDICAL EXAMINATIONS.			
	PRIMARY :			
	Entrants	3,463	3,088	6,551
	Second Age Group	197	190	387
	Ten-year olds	2,090	1,974	4,064
	TOTAL	5,750	5,252	11,002
	Other Periodic	465	378	843
	GRAND TOTAL	6,215	5,630	11,845
	SECONDARY SCHOOLS :			
	Twelve-year old Group	1,759	1,801	3,560
	Fifteen-year old Group	431	497	928
	Leavers over Fifteen	1,178	1,040	2,218
	TOTAL	3,368	3,338	6,706
	Other Periodic	737	640	1,377
	GRAND TOTAL	4,105	3,978	8,083
	FURTHER EDUCATION : TOTAL	3	148	151
	PRIMARY, SECONDARY AND FURTHER SCHOOLS : GRAND TOTAL	10,323	9,756	20,079
(B).	OTHER (NON-PERIODIC) EXAMINATIONS.			
	SPECIAL EXAMINATIONS :			
	Primary Schools	8,264	7,680	15,944
	Secondary Schools	76	97	173
	Further Education	—	—	—
	TOTAL	8,340	7,777	16,117
	RE-EXAMINATIONS (*Follow-up*) :			
	Primary Schools	17,070	17,054	34,124
	Secondary Schools	1,679	1,825	3,504
	Further Education	3	—	3
	TOTAL	18,752	18,879	37,631

Note.—These figures include examinations at School Clinics as well as those carried out at schools.

SCHOOL NURSES' VISITS AND EXAMINATIONS.

Number of visits to schools (Primary and Secondary) for any purpose during the year 6,203

Number of visits to homes of school children for any purpose during the year 6,074

PUPILS FOUND TO REQUIRE TREATMENT.

Number of individual children found at Periodic Medical Inspection to require treatment for any condition except Dental, Dirty Conditions, or Verminousness. An analysis of these figures, giving in addition " Further Education " is shown in the Table on page 10

Table I (c). a

Group.	For defective vision,*(Excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils.
Entrants	35	828	799
Second age group	27	280	300
Third age group	8	95	99
Total (prescribed groups) ..	70	1,203	1,198
Other periodic inspections ..	67	525	559
Grand Total ..	137	1,728	1,757

* But including " Other Conditions " of Eyes.

Children found at Periodic Examinations to require Treatment.

Number of individual children found at Periodic Examinations to require medical treatment for any condition except Dental, Dirty Conditions, or Verminousness :—

Table I (c) b

(Analysis of the Table shown on page 9, showing " Further Education " in addition).

Group.	For defective vision,* (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils.
PRIMARY :			
Entrants	35	828	799
Second age group	3	31	30
Ten-year old	27	280	300
TOTAL	65	1,139	1,129
Other Periodic	13	92	104
GRAND TOTAL	78	1,231	1,233
SECONDARY :			
Twelve-year old	29	280	296
Fifteen-year old	16	46	60
Leavers over 15	8	95	99
TOTAL	53	421	455
Other Periodic	6	76	69
GRAND TOTAL	59	497	524
FURTHER EDUCATION :	1	13	13

* But including " Other Conditions " of Eyes.

As regards FURTHER EDUCATION, of the 151 children examined as ' Periodicals ' and mentioned in Table 1(ii), as will be seen, 13 were found to require treatment (other than dental or verminous cases). Three children were re-examined. No " Special " examinations took place.

DEFECTS REQUIRING TREATMENT. (19,928 Children Examined).

Defects and Diseases.	Primary	Incidence per 1,000 Children Examined	Secondary (Mod. Sec. & Grammar Type)	Incidence per 1,000 Children Examined	Total	Incidence per 1,000 Children Examined
Skin—	69	5.8	31	3.8	100	5.0
Eyes— (a) Either Close or Distant Acuity ..	78	6.6	58	7.2	136	6.8
(b) Colour Sense	—	—	1	.1	1	.1
(c) Squint	72	6.1	8	1.0	80	4.0
(d) Other	35	3.0	27	3.3	62	3.1
Ears— (a) Hearing	16	1.4	9	1.1	25	1.3
(b) Otitis Media	24	2.0	10	1.2	34	1.7
(c) Other	5	.4	11	1.4	16	.8
Nose and Throat (Any defects)—						
(a) Enlarged Adenoids only ..	15	1.3	9	1.1	24	1.2
(b) Chronic Tonsilitis only ..	130	11.0	65	8.0	195	9.8
(c) Enl. Ad. and Ch. Tonsilitis ..	336	28.4	51	6.3	387	19.4
(d) Other Nose or Throat	40	3.4	21	2.6	61	3.1
Speech—	36	3.0	10	1.2	46	2.3
Cervical Glands—	24	2.0	8	1.0	32	1.6
Heart and Circulation—	16	1.4	16	2.0	32	1.6
Lungs—	26	2.1	20	2.5	46	2.3
Developmental—						
(a) Hernia	10	.8	—	—	10	.6
(b) Cryptorchidism	9	.8	8	1.0	17	.9
(c) Other	10	.8	3	.4	13	.7
Orthopaedic—						
(a) Posture	34	2.9	36	4.5	70	3.5
(b) Flat Foot	50	4.2	17	2.1	67	3.4
(c) Other	177	14.9	100	12.4	277	13.9
Nervous System—						
(a) Epilepsy	2	.2	1	.1	3	.2
(b) Other	5	.4	4	.5	9	.5
Psychological—						
(a) Development	5	.4	2	.2	7	.4
(b) Stability	7	.6	2	.2	9	.5
Other—	450	38.0	168	20.8	618	31.0
Malnutrition—	11	.9	9	1.1	20	1.1

TABLE II. (A).—Continued. PERIODIC MEDICAL EXAMINATIONS.

DEFECTS REQUIRING TO BE KEPT UNDER "SUPERVISION" BUT NOT REQUIRING SPECIFIC MEDICAL TREATMENT. (19,928 Children Examined).

Defects and Diseases.	Primary	Incidence per 1,000 Children Examined	Secondary (Mod. Sec. & Grammar Type)	Incidence per 1,000 Children Examined	Total	Incidence per 1,000 Children Examined
Skin—	161	13.6	99	12.2	260	13.0
Eyes— (a) Either Close or Distant Acuity ..	49	4.1	53	6.6	102	5.1
(b) Colour Sense	—	—	1	.1	1	.1
(c) Squint	67	5.7	13	1.6	80	4.0
(d) Other	77	6.5	46	5.7	123	6.2
Ears— (a) Hearing	62	5.2	18	2.2	80	4.0
(b) Otitis Media	129	10.9	21	2.6	150	7.5
(c) Other	46	3.9	12	1.5	58	2.9
Nose and Throat (Any defects)—						
(a) Enlarged Adenoids only ..	48	4.1	27	3.3	75	3.8
(b) Chronic Tonsilitis only ..	467	39.4	207	25.6	674	33.8
(c) Enl. Ad. and Ch. Tonsilitis ..	1,013	85.9	88	10.9	1,101	55.2
(d) Other Nose or Throat ..	218	18.4	59	7.3	277	13.9
Speech—	72	6.1	15	1.9	87	4.4
Cervical Glands—	600	50.7	86	10.6	686	34.4
Heart and Circulation—	203	17.1	152	18.8	355	17.8
Lungs—	297	25.0	110	13.6	407	20.4
Developmental—						
(a) Hernia	23	1.9	2	.2	25	1.3
(b) Cryptorchidism	50	4.2	38	4.7	88	4.4
(c) Other	77	6.5	20	2.5	97	4.9
Orthopaedic—						
(a) Posture	292	24.7	174	21.5	466	23.4
(b) Flat Foot	139	11.7	20	2.5	159	8.0
(c) Other	481	40.6	210	26.0	691	30.2
Nervous System—						
(a) Epilepsy	8	.7	3	.4	11	.6
(b) Other	49	4.1	45	5.6	94	4.7
Psychological—						
(a) Development	74	6.2	12	1.5	86	4.3
(b) Stability	78	6.6	19	2.4	97	4.9
Other—	673	56.8	389	48.1	1,062	53.3
Malnutrition—	110	9.3	69	8.5	179	9.0

TABLE II. (A)—Continued.

SPECIAL EXAMINATIONS.

It must be borne in mind that a large proportion of these "Special Examinations" are made at School Clinics, where every first attendance in the year should be counted as a "Special." It is also possible that a child may be counted under heading "Specials" more than once in a year. The incidence per 1,000 children examined is, therefore, not shown in this Table, as the work entailed would not justify the result.

DEFECTS REQUIRING MEDICAL TREATMENT.

Defects and Diseases.	Primary	Secondary (M.S. and Gram. Type).	Total.
Skin—	1,814	3	1,817
Eyes— (a) Either Close or Distant Acuity	9	2	11
(b) Colour Sense	—	—	—
(c) Squint	2	3	5
(d) Other	932	3	935
Ears— (a) Hearing	8	—	8
(b) Otitis Media	2	1	3
(c) Other	882	1	883
Nose and Throat (any defects)—			
(a) Enlarged Adenoids only ..	1	—	1
(b) Chronic Tonsilitis only ..	14	1	15
(c) Enl. Ad. and Ch. Tons : ..	53	5	58
(d) Other Nose or Throat ..	282	1	283
Speech—	14	—	14
Cervical Glands—	2	3	5
Heart and Circulation—	4	1	5
Lungs—	5	5	10
Developmental—			
(a) Hernia..	1	—	1
(b) Cryptorchidism	—	—	—
(c) Other	3	—	3
Orthopaedic—			
(a) Posture	3	1	4
(b) Flat Foot	8	2	10
(c) Other	8	12	20
Nervous System—			
(a) Epilepsy	2	1	3
(b) Other	2	1	3
Psychological—			
(a) Development	10	4	14
(b) Stability	5	—	5
Other—	9,775	9	9,784
Malnutrition—	4	—	4

TABLE II. (A).—Continued.

SPECIAL EXAMINATIONS.

DEFECTS REQUIRING TO BE KEPT UNDER "SUPERVISION" BUT NOT REQUIRING SPECIFIC MEDICAL TREATMENT.

Defects and Diseases.	Primary	Secondary (M.S. and Gram. Type).	Total.
Skin—	20	1	21
Eyes— (a) Either Close or Distant Acuity	—	—	—
(b) Colour Sense	—	—	—
(c) Squint	1	—	1
(d) Other	22	1	23
Ears— (a) Hearing	1	—	1
(b) Otitis Media	4	—	4
(c) Other	24	—	24
Nose and Throat (any defects)—			
(a) Enlarged Adenoids only ..	2	—	2
(b) Chronic Tonsilitis only ..	10	2	12
(c) Enl. Ad. and Ch. Tons : ..	18	—	18
(d) Other Throat and Nose ..	18	—	18
Speech—	6	—	6
Cervical Glands—	22	1	23
Heart and Circulation—	14	4	18
Lungs—	12	4	16
Developmental—			
(a) Hernia..	3	—	3
(b) Cryptorchidism	1	—	1
(c) Other	4	1	5
Orthopaedic—			
(a) Posture	13	2	15
(b) Flat Feet	—	—	—
(c) Other	13	4	17
Nervous System—			
(a) Epilepsy	3	—	3
(b) Other	9	2	11
Psychological—			
(a) Development	7	—	7
(b) Stability	7	—	7
Other—	555	5	560
Malnutrition—	4	2	6

GENERAL CONDITION OF THE SCHOOL CHILDREN

This year's assessment of " General Condition " again shows slight improvement on last year's in that the percentage of children of poor " General Condition " has dropped from 4.2% to 3.9%. This would seem to indicate that the general standard of health of the school children has been well maintained.

The information given in Table II.B.(i) below is that required by the Ministry of Education. An analysis of these figures giving, in addition those relating to Further Education is shown in Table II.B.(ii).

TABLE II.B. (i).

Classification of the GENERAL CONDITION of Pupils inspected at the Periodic (Age Group) Inspections during the year.

Age Group.	No. Inspected.	A. (GOOD).		B. (FAIR).		C. (POOR).	
		No.	% *of col. 2.*	*No.*	% *of col. 2.*	*No.*	% *of col. 2.*
Prescribed Groups—							
Entrants (Primary)	6,551	2,067	31.6	4,205	64.2	279	4.3
Second Age Group (Primary Leavers) ..	4,064	1,285	31.6	2,624	64.5	155	3.8
Third Age Group (Secondary Leavers) ..	2,218	925	41.7	1,233	55.6	60	2.7
Other Periodic Inspections—	7,095	2,147	30.3	4,661	65.7	287	4.0
Grand Total ..	19,928	6,424	32.2	12,723	63.8	781	3.9

TABLE II. (B). (ii). Analysis of previous Table.

Classification of the Clinical Assessment of the GENERAL CONDITION of Children examined at the Periodic (Age Group) Inspections during the year.

Age Group.	No. Inspected.	A. (GOOD).		B. (FAIR).		C. (POOR).	
		No.	%	*No.*	%	*No.*	%
PRIMARY :							
Entrants	6,551	2,067	31.6	4,205	64.2	279	4.3
Second Age Group	387	75	19.4	292	75.5	20	5.2
10-year old	4,064	1,285	31.6	2,624	64.6	155	3.8
Other Periodic	843	203	24.1	627	74.4	13	1.5
TOTAL	11,845	3,630	30.6	7,748	65.4	467	3.9
SECONDARY :							
12-year-old	3,560	1,135	31.9	2,243	63.0	182	5.1
15-year-old	928	373	40.2	536	57.8	19	2.0
Leavers over 15	2,218	925	41.7	1,233	55.6	60	2.7
Other Periodic	1,377	361	26.2	963	69.9	53	3.8
TOTAL	8,083	2,794	34.5	4,975	61.5	314	3.9
FURTHER EDUCATION .... TOTAL	151	122	80.8	29	19.2	—	—
GRAND TOTAL	20,079	6,546	32.6	12,752	63.5	781	3.9

ADENOIDS AND TONSILS.

The following table shows the position at a glance :—

INCIDENCE PER 1,000 CHILDREN AT PERIODICAL EXAMINATION.

	Requiring Surgical Treatment.			Not requiring immediate Surgical Treatment, but "Supervision" pending general treatment of child.		
	Prim.	*Sec.*	*Total.*	*Prim.*	*Sec.*	*Total.*
Adenoids only ..	1.3	1.1	1.2	4.1	3.3	3.8
Chr. Tonsilitis only	11.0	8.0	9.8	39.4	25.6	33.8
Both Adenoids and Tonsilitis ..	28.4	6.3	19.4	85.9	10.9	55.2
Other Nose and Throat ..	3.4	2.6	3.1	18.4	7.3	13.9

There is considerable delay in securing operative treatment for tonsils and adenoids, but the hospitals have been most helpful in admitting cases quickly when the School Medical Officer has certified that the child's health is suffering due to delay in securing treatment. While the position is slowly improving, the waiting list is still of formidable proportions. It became necessary, due to the prevalence of acute poliomyelitis, to ban operations for tonsils and adenoids in some areas of the County.

PROVISION OF MEALS IN SCHOOL.

The Chief Education Officer has kindly supplied the following notes and tables with regard to the feeding of children in school :—

The year 1950 marked a definite stage in the School Meals Service, as with the opening of the new kitchen and dining room at Seaton, a mid-day meal is now available for every child in the County. The building restrictions imposed by the Ministry of Education were still in force so that no large schemes could be put in hand, although three large kitchen and dining rooms at Axminster, Newton Abbot, Highweek and Tiverton Heathcoat, which had previously been approved by the Ministry were completed during the year. The new provision at Axminster solved the problem of dining accommodation there, and at Highweek it is now possible for the Primary children as well as the Secondary Modern School children to dine on their own premises and for the meals to be cooked on the spot. With the opening of the new building at Tiverton Heathcoat it was possible to close down the

very unsatisfactory kitchen at Westexe which the Committee had been forced to continue in use until the new provision was completed. The Heathfield Cooking Depot which at one time had been the largest source of supply for school meals in the County, was closed down at the end of March 1950 and with a few minor exceptions has been replaced by individual kitchens.

At the beginning of April the Committee took over the premises at Newton Abbot which had been formerly run as a British Restaurant by the Urban District Council and the additional accommodation solved the problem of feeding two schools in Newton Abbot where it was not possible to provide individual kitchens. Steady progress was made generally in the County with the provision of small self-contained canteens where practicable, and it is satisfactory to report that 34 additional individual canteens were opened during the year, making a total of 185 canteens of all types by the end of 1950.

The Training Course for Cook/Supervisors at Torquay continued to be an unqualified success, and because of the demand for places, the Centre was removed to larger premises at the Innerbrook Canteen at the beginning of the Autumn term. Altogether 65 trainees were accepted for the Courses during the year and the results of their training are evident in the high standard of the meal which is maintained generally throughout the County.

Towards the end of the year, the Committee approved the principle of holding Courses for dining centre helpers. Two very successful Courses were held before Christmas at Newton Abbot and Torquay. A personal invitation was sent to each dining centre helper and in each case there was a good attendance of helpers together with Heads of schools. Brief talks on personal hygiene and the preparation and presentation of the meal were given by the School Meals Organisers and practical demonstrations were given by Supervisors—one feature of these demonstrations being " How not to serve a Meal."

The increase in the charge for the school meal to a flat rate of 6d. which was made by the government from the 1st January 1950, unfortunately had the result of curtailing the number of children who took the meal regularly, and although by the end of the year an improvement in the number had been effected it is not possible to report that the high percentage of children taking the meal had again reached its former level.

In the early spring a three-day Residential Course was held at Bradfield School for approximately 80 people from the six South-Western Authorities. This was a joint effort, and the representatives who attended comprised School Meals Organisers, Heads of Schools and Supervisors from each County. The title of the Course was " The Place of the School Meal in Education " and this subject provided a wide scope for discussion. Lectures on various aspects, including Social Training, Nutrition and

Hygiene were given by well-known lecturers, and ample opportunity was given for questions and full discussions. The Course was undoubtedly a great success and provided an excellent opportunity for discussion on difficult and different problems at one common level.

The following is a comparative statement showing the position of the School Meals Service at the end of December 1950 :—

	December 1949	*December* 1950
Number of Canteens and Dining Centres ..	481	474
Number of Primary children taking mid-day meals daily	21,702	20,910
Percentage of Primary children taking meals ..	67.6%	63.6%
Number of Secondary children taking mid-day meals	14,033	13,170
Percentage of Secondary children taking meals ..	74.5%	71.5%
Number of Primary and Secondary children taking mid-day meals daily..	35,735	34,080
Percentage of Primary and Secondary children taking mid-day meals daily..	70.7%	66.9%

The numbers and percentages in this table refer to the position on a selected day, and the percentages are worked out on the basis of children present, not the total number on roll.

MILK IN SCHOOLS SCHEME.

Considerable progress was made during the year in the provision of designated milk to schools and the following tables show the position at the end of 1950 both with regard to the number of children taking the milk and the types of milk supplied :—

	Primary.	*Secondary.*
No. of children on books :	35,610	19,894
No. of children present on selected day ..	32,870	18,417
No. of children present on selected day taking milk	29,683	10,845
Percentage of children present on selected day taking milk	93.04%	58.8%
Total number of schools	411	61

The percentage of children taking milk of some type or other, liquid or dried, on a selected day in 1949 was 90.8% for Primary and 65.7% for Secondary Schools.

TYPES OF MILK SUPPLIED.	1949	1950
Pasteurised	206	214
T.T.	151	163
Heat Treated	15	21
Accredited	23	16
Raw	70	48
National Dried	17	9

Veterinary Inspection of Herds supplying School Milk.

Mr. S. R. Campbell, Divisional Veterinary Officer, Ministry of Agriculture and Fisheries, has kindly supplied the following report on work which his Department has undertaken during the year :—

"134 inspections of non-designated herds which supply milk to schools were carried out and a total of 2,041 cattle were examined.

8 cows were found to be suffering from mastitis ; one cow was found to be suffering from tuberculosis.

According to our records 47 non-designated herds were supplying milk to schools."

HAIR HYGIENE.

		Primary, Secondary and Special Schools.		
		Routine	*Casual*	*Routine and Casual.*
1.	Total number of examinations of children in Schools, Homes or Clinics, by the School Nurses or Nursing Assistants ..	152,890	10,191	163,081
2.	Number of individual children found infested	1,511	306	1,817
3.	Infestation Index	2.8	.6	3.3
4.	(*a*) Number of individual pupils in respect of whom cleansing notices (V.1.) were issued (Sec.54(2), Education Act, 1944).	930	111	1,041
	(*b*) Number of individual pupils in respect of whom cleansing orders, (V.2's) were issued (Sec.54(3), Education Act, 1944).	85	19	104

5.	Number of cases in which legal proceedings were taken :—	
	Under Section 54(6) of the Education Act, 1944 ..	*Nil.*
	Under Section 54(7) of the Education Act, 1944 ..	*Nil.*
6.	Number of successful prosecutions under Section 54 (6) of the Education Act, 1944.	*Nil.*
7.	Number of successful prosecutions under Section 54 (7) of the Education Act, 1944.	*Nil.*

Only three cases were actually submitted for proceedings during this year, but in none were proceedings taken.

In addition, Pediculosis Surveys took place in the case of pupils up to the age of 18 in Further Education Schools.

It is a pleasure to record that the infestation index is still slowly declining and I feel certain that this decline will continue. We must record the excellent work being done by the Health Visitors and Nursing Assistants in this regard.

PHYSICAL EDUCATION.

For the submission of the following reports on the Physical Education of boys and girls during 1950, I have to thank the Organisers, Miss K. Hacker and Mr. A. A. Brown, respectively :—

We feel that we can report a year of slight progress in physical education in Devon. We are short of one man and three women organisers and find it impossible to cover the whole county adequately and maintain a uniformly high standard of work in all centres. We are tackling the problem of refresher courses for teachers in all areas, but, here again, the difficulty is the follow-up which is so essential. We are greatly helped in our work by the co-operation of the teachers and their keenness to carry out the suggestions made to them for improving the standard of training.

In those centres where organisers have been working and where refresher courses have been held, the changing by the children for the physical education lesson has become an accepted part of the training. In many schools, however, the provision of plimsolls for each child represents a big problem.

On all courses great stress has been placed on correct posture both during the physical education lesson and at all other times. Special emphasis has been placed on foot exercises, especially in bare feet. The Education Committee approved the making of a film of our own, using children from a primary school to show a series of foot exercises for maintaining correct arches of the foot as well as correcting minor defects.

Secondary.

Supervision of the training in the secondary modern, technical, and grammar schools where the teachers do not hold a diploma in Physical Education is very necessary. In all cases, except one, teachers are qualified to use portable apparatus. In most schools the subject receives a fair share of the time-table, usually three 40-minute lessons per week and a longer period for games.

We encourage teachers to have good correlation in all branches of physical education, and thus to include in the gymnastic lessons progressive exercises leading up to the major games,

athletics, swimming and dancing, etc. Also during winter months when it is too wet for games, some schools practise in the gymnasium many of the movements for shot putting, high jump, or discus throwing, the cricket skills of throwing and catching, hockey, netball, and football skills, and land drill for swimming. The thoughtful and conscientious teacher keeps the work lively, purposeful and always interesting.

PRIMARY.

In the summer months good progress is to be seen in most schools, and credit is due to the teachers who are not specialists in this subject, but who follow closely the guidance of organisers and attend refresher courses.

During inclement weather, schools with indoor accommodation carry out an unbroken sequence of training, but most places are in the very unfortunate position of being without any facilities for indoor work. Here and there nearby outside halls are used and are invaluable, and it is hoped that these amenities will be increased. It is important to make use of any room of suitable size in the vicinity of the school, and the possibility of using canteen dining rooms is being investigated.

A reasonable playground surface is necessary for successful lessons and for minor team games. There are still some schools in the county with no playground, and also it is regretted that in some cases areas being repaved are so small that they are often of little practical use for the lesson.

In some schools there is a shortage of apparatus, particularly of playground mats, which consequently sets a limit to the scope of the physical education. To obviate overcrowding, some primary schools have classes working away from the main building, and this has created, under the present capitation grant with the rising cost of gear, the insurmountable problem of obtaining sufficient apparatus even though this is often supplemented by money from school funds. "All-age" schools are most unfortunate in the treatment they receive and in inter-school games compete under a grave handicap because of the shortage of suitable equipment. It will be a most helpful step forward when children in "all-age" schools old enough for secondary education receive the same grant for games equipment as those in the secondary schools.

We have written a book of exercises and schemes for the teachers in primary schools. It has been well received and is proving to be most useful to them.

SWIMMING.

Swimming instruction throughout the county has once again proved to be very worthwhile. We concentrated on teaching as many children as possible to swim and noticed that many older children were coming forward for tests. This probably means that we are catching up on children who had no opportunity of

learning to swim during the war or immediately after.

Tests were conducted in all areas and certificates were awarded as follows :—

Beginners	1,137
Proficiency	620
Star Proficiency	232

Games and Athletics.

There was a great increase in interest in athletics during this year. The majority of schools organised their own athletic sports days with great success, and later primary and secondary schools grouped together for area meetings. The secondary schools have been arranged in six groups. All these areas held their own meetings, and it is hoped that in 1951 schools in the Exeter area and Plymouth will join the rest of the county groups for the Devon Championship to be held at Plymouth.

Inter-school cricket, association football and rugby matches, netball and hockey matches, were played by most schools. Two areas have formed football leagues which are most successful, and there are netball leagues in north and south of the county. Generally, however, schools are happier to arrange their games without having the keener competition of league matches to influence the play.

Most of the grammar school girls' hockey teams took part in the County Schools Tournament run as trials for the Junior County Hockey XI.

Staff and Gymnasia.

Wherever possible we aim at the appointment of teachers with Diplomas in Physical Education for secondary schools. Naturally, this is not always possible, since in many schools the teaching of physical education is only a part of the work a teacher has to do. It is hoped that in the boys' schools more men with Diplomas will offer themselves for appointment in Devon now that additional colleges are awarding Diplomas.

	Men		Women	
	Diploma in P.E.	*Without Diploma*	*Diploma in P.E.*	*Without Diploma*
Grammar Schools	5	16	17	1
Secondary Modern Schools	4	36	5	25
All-age schools	—	28	1	27

	Gymnasium	*Hall equipped as Gymnasium*	*Halls*	*No suitable indoor accommodation*
Grammar Schools	14	4	4	1
Secondary Modern Schools	14	1	17	3
All-age schools	1	—	13	15

Courses.

During 1950 Courses for teachers were held in the following centres :—

Torquay	....	(residential course for one week).
Axminster	....	(Physical Education course of 6 sessions).
Barnstaple	....	(4 sessions).
Combe Martin	....	(3 sessions).
Exeter	....	(9 sessions).
Exmouth	....	(8 sessions).
Honiton	....	(8 sessions).
Newton Abbot	....	(6 sessions).
Okehampton	....	(8 sessions).
Paignton	....	(3 sessions).
Plympton	....	(8 sessions).
Sidmouth	....	(3 sessions).
Tavistock	....	(8 sessions).
Torquay	....	(4 sessions).
Torquay	....	(swimming course of 13 weeks).

Three one-day courses were organised by the Devon Physical Education Association.

Films.

The showing of suitable films can be most helpful to the teacher of physical education. Two films have been purchased by the County Film Library for loan to schools and we have ourselves produced two most useful films, one on " Foot Movements " and " Agility Movements for Primary Schools." Our own films are shown on all our teachers' courses and teachers are advised to borrow them for use in their schools.

Further Education.

30 classes have been held in varied physical activities under the Evening Institute regulations. Many of these have been visited by the Organisers.

Organising Staff.

Our thanks are due to the Assistant Organisers for their excellent and untiring work, and for the loyal way in which they have carried out their duties.

We thank the Central Council of Physical Recreation for the most useful help we have received from them on Teachers' Courses.

During the year, Captain A. P. Young, the Senior (Man) Organiser of Physical Education, retired after many years of faithful service in Devon. For some time he had not enjoyed the best of health, but he carried with him the good wishes of the teachers and his colleagues for the period of his retirement.

Kathleen Hacker
A. A. Brown,
Senior County Organisers of Physical Education.

HANDICAPPED CHILDREN.

The following Tables show the position regarding Handicapped Children in the Area :—

Handicapped Pupils requiring Education at Special Schools, or Boarding in Boarding Homes. (Excluding Hospital Special Schools)

	(1) *Blind* (2) *Partially Sighted*		(3) *Deaf* (4) *Partially Deaf*		(5) *Delicate* (6) *Physically Handicapped*		(7) *Educationally sub-normal* (8) *Maladjusted*		(9) *Epileptic*	*Total* (1-9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ending 31st Dec., 1950 :—										
A. Handicapped Pupils **newly placed** in Special Schools or Homes	—	5	1	6	35	8	12	30	1	104
B. Handicapped Pupils **newly ascertained** as requiring education at Special Schools or boarding in Homes	—	6	4	1	36	11	59	23	1	147

Number of children reported under the following Sections of the Education Act, 1944, during the year: —

(a) Under Section 57 (3) (excluding any returned under (b) (25
(b) Under Section 57 (3) relying on Section 57 (4) 4
(c) Under Section 57 (5) 39

	(1) *Blind* (2) *Partially Sighted*		(3) *Deaf* (4) *Partially Deaf*		(5) *Delicate* (6) *Physically Handicapped*		(7) *Educationally sub-normal* (8) *Maladjusted*		(9) *Epileptic*	*Total* (1-9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
On or about December 1st :—										
C. Number of Handicapped pupils from the area :										
(i) attending Special Schools as :										
(a) Day Pupils	—	—	3	1	73	20	1	—	—	101
(b) Boarding Pupils	20	22	21	8	3	13	44	1	8	140
(ii) Boarded in Homes	—	—	—	—	2	—	—	38	—	40
(iii) Attending independent schools under arrangements made by the Authority	—	—	—	—	—	—	3	3	2	8
Total (C)	20	22	24	12	78	33	48	42	10	289
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944 :										
(a) in hospitals	—	—	—	—	1	—	—	—	—	1
(b) elsewhere ...	—	—	—	3	8	5	1	—	1	18
E. Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition)	2	6	3	4	1	6	183	1	2	205

Torquay Open Air School.

As has been recorded in several previous reports, the buildings of the Torquay Open Air School were obsolete and unsatisfactory, and during the year these buildings had deteriorated to such an extent that it was decided that the health of the children would be endangered if they had to endure another winter in these unsatisfactory premises. The outside buildings were closed and the children were transferred to the rooms in the house attached to the school. Although somewhat over-crowded, the staff managed to carry on in spite of great difficulties. One must pay tribute to the enthusiasm of the Headmistress and the Staff in working under such difficult conditions. It is encouraging to know that the Education Committee is again pressing the Minister of Education for permission to build a new Open Air School in Torquay, which is so urgently necessary.

In spite of the unsatisfactory conditions, I am glad to record that the health of the children was maintained and one must again pay tribute to the unremitting care and attention given by Miss Laycock and her staff.

I submit some statistics to indicate the extent of the work carried on in this School :—

Table (A).

	Boys.	*Girls.*	*Total.*
Remaining on the Register from 1949	31	41	72
Admitted during 1950	18	12	30
Discharged during 1950	12	14	26
Remaining on Register at end of 1950	37	39	76

Table (B).

Periods on School Register.	*Pupils remaining.*	*Pupils discharged.*
Under 6 months	10	5
6—12 months	16	2
1—2 years.	26	4
2—3 ,, ...	7	8
3—4 ,, ...	7	4
4—5 ,, ...	6	1
5—6 ,, ...	2	1
6—7 ,, ...	1	1
7—8 ,, ...	—	—
8—9 ,, ...	1	—
Totals ..	76	26

Table (C).

Classification of Pupils remaining on the Register at the end of 1950.

Condition on Admission	*Boys.*	*Girls.*	*Total.*
Delicate and Debilitated (including T.B. contacts)	24	26	50
Asthma	4	3	7
Bronchiectasis	—	2	2
Heart Disease	2	3	5
Infantile Paralysis	2	2	4
Spastic Paraplegia or Hemiplegia	3	2	5
Cretinism	—	2	2
Epileptic	—	1	1
Dwarf	1	—	1
Coeliac	1	—	1
Total	37	39	76

Table (D).

Classification of Pupils Discharged during 1950.

Condition on Admission	*Boys.*	*Girls.*	*Total.*
Delicate and Debilitated (including T.B. Contacts)	8	6	14
Asthma	1	4	5
Rheumatism	—	1	1
Heart Disease	1	1	2
Deafness	1	—	1
Bronchiectasis	1	1	2
Spastic Diplegia	—	1	1
Total	12	14	26

Notes on the report of the Medical Advisor in Mental Health

THE CHILD GUIDANCE SERVICE.

Dr. McLeay reports that the appointment of a full-time Psychiatrist is really badly needed to carry out the duties at the Child Guidance Clinics, which would also include the work at the Hostels for Maladjusted Children.

The Barnstaple Child Guidance Clinic had to be temporarily suspended as from 1st July, 1950, owing to lack of staff, and the work at the Clinics at Torquay and Exeter has been carried out mainly by the Psychologists and Social Workers.

At the Clinics, 163 new cases have been examined and re-attendances for further investigation have amounted to 641 during the year. At the year's end there were 40 cases under treatment.

Dr. McLeay also notes the difficulty of working without at least two full time psychiatric Social Workers, but it has not been possible to secure suitably qualified persons.

At the Hostels for Maladjusted Children, Miss Silver, the Psychologist, visits Crownwell Hostel, Shaldon and Morton Crescent, Exmouth, for Play Therapy sessions, while Mrs. Champernowne and her Assistant, Miss Guy, who are employed on a sessional basis, attend Crichel Hostel.

On the 31st December, there were 27 cases under care and treatment in the three Hostels.

HANDICAPPED PUPILS.

PROVISION OF SPECIAL EDUCATIONAL TREATMENT.

The total number of children Ascertained as Handicapped Pupils during the year ended 31st December, 1950, are shown as follows :—

Educationally Subnormal Children.

Res. Spec. School.	Day Spec. School.	S.E.T. in ordinary School.	Home Tuition	Total Number	Total No. in Category on 31.12.50.
66	6	52	0	130	549

Included in the above total Ascertained are the following :—

Excluded from school temporarily on account of Backwardness 5

Other recommendations, i.e., to continue in ordinary school 1

Maladjusted Pupils.

Residential Hostel	Child Guidance Treatment	Total Number	Total No. in Category on 31.12.50.
24	32	56	136

Total number of Pupils receiving treatment on 31.12.50 :—

In Residential Hostels	27
At Child Guidance Clinics	40

7 Devon cases were admitted to the Special Schools.

42 Devon cases remained at the Special Schools. 30 boys at Bradfield House, Cullompton, 7 girls at Withycombe House, Exmouth, and 5 boys at the Courtenay Special School, Starcross.

JUVENILE DELINQUENCY.

Most of the boys and girls in the two Remand Homes in Devon were examined this year by Miss Silver, Psychologist in the Medical Department. Although the boys who are committed to Approved Schools are now given a psychological examination at the Classifying School, the routine intelligence test in the Remand Home has been continued, as the Classifying School finds the results useful. 67 boys and 29 girls were seen in the course of the year. The number of girls is considerably larger than in any previous year. The peak age for the girls in this group seems to be from 15-16, and for the boys 14-15. On the whole the level of intelligence among the girls appears to be lower than among the boys, although the numbers are too small for such a comparison to have much significance. 37 boys and 15 girls were from Devon, 16 boys and 3 girls from Plymouth, 4 boys from Exeter and 21 from other areas.

ATTENDANCES AT CHILD GUIDANCE CLINICS during the year :—

	Old Cases Seen.	*New Cases Seen.*	*Attendances for re-examination and treatment.*
Barnstaple Clinic	5	24	5
Torquay Clinic	41	80	374
Exeter Clinic	19	59	262
TOTALS	65	163	641

Cases under care and treatment in the three Hostels for Maladjusted Children, on 31.12.50	27
Admissions to Hostels during 1950	27
Crichel Hostel, Totnes	6
Morton Crescent, Exmouth	8
Crownwell Hostel, Shaldon	13

Number of cases examined in the Remand Homes	96
Ashburton Remand Home	67
Pinhoe Remand Home	29

HANDICAPPED PUPILS AND SCHOOL HEALTH SERVICES REGULATIONS, 1945.

During the year, the following ascertainment examinations and recommendations have been sent to the Chief Education Officer :—

Educationally Subnormal	130
Maladjusted	56

Number of cases recommended to the Education Committee for report to the Local Authority :—

Under Section 57(3) of the Education Act, 1944	30
Under Section 57(4) of the Education Act, 1944	4
Under Section 57(5) of the Education Act, 1944	39

Cases actually reported by the Education Committee to the Local Authority :—

Under Section 57(3) of the Education Act, 1944	25
Under Section 57(4) of the Education Act, 1944	2
Under Section 57(5) of the Education Act, 1944	38

EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of Cases dealt with :	
	By the Hospital Eye Service	Otherwise (as far as known)
External and other, excluding errors of refraction and squint	236*	195
Errors of Refraction (including squint)	11,764	255
Total	12,000	450
Number of Pupils for whom spectacles were :		
(a) Prescribed	2,364	0
(b) Obtained	2,364	27
Total	4,728	27

*1,212 defects were also Treated, or were under treatment at the Minor Ailments Clinics or elsewhere.

The two Ophthalmic Surgeons report as follows :—

Dr. Foxwell.

" I am much pleased to report that during 1950 the School Ophthalmic Service has, after many changes—costly in time, money, and worst of all, children's sight—largely recovered from the disastrous impact of the ophthalmic scheme of the Health Service of July, 1948.

The most important development came with the inclusion of the schools in the Hospital Eye Service in January, 1950, when it became possible to return, with minor changes, to the scheme which had been in satisfactory operation for so many years, except that glasses be provided through the Hospital Eye Service, instead of a contracting optician as before.

I would like here to pay a tribute to Mr. Parkhouse and his staff of the Exeter and Mid-Devon Hospital Management Committee for their willing co-operation and labour, in building up the optical side of the scheme, and to Mr. Baker, the dispensing optician, who has spared no pains to obtain glasses with the least possible delay, in spite of the unequal competition, from any source available, though rendered increasingly difficult by unexpected changes in Government choice of manufacturing opticians.

There is no doubt that parents, Teachers, Health Visitors, and not least, the Ophthalmic Surgeons, are most gratified that the old scheme has been revived. The children are being seen and examined as before, but now there is the certainty that glasses required are obtained, which was doubtful under the supplementary system, for though the order went through, the responsibility for getting the glasses fell upon the parents, often not an easy thing for those living in remote country areas, and it was at this point that breakdown often occurred. Now, as before July, 1948, every child actually needing glasses automatically received a pair, and here improvement occurs on the old scheme, for the range of free types of frame is larger.

The option to obtain glasses from a private optician is still available but I find it is seldom exercised.

The Supplementary Scheme is still in operation, though only a small minority of parents use it, more perhaps where an Ophthalmic Surgeon has started practice again, nevertheless the existence of duplicate schemes does provide a loophole for abuse. Some children having chosen frames for which part payment was required, have broken or lost them, but on finding payment required for repair or replacement, have then gone to their own doctor for a form (O.S.C.1) without disclosing the fact they have had glasses through the School Scheme, and have thus had a re-examination and new glasses supplied at considerable cost to public funds. The practice is fortunately not widespread, but under the existing regime there is no machinery for stopping it.

It is gratifying to report a marked improvement in the

supply and repair of glasses, weekly delivery being the rule, thus avoiding the unfortunate delays which had such a disastrous effect on the vision, health and education of the children.

My thanks, as always, are due to the Health Visitors and Schools Nurses for their ascertainment of cases of defective vision, the finding of which in infants is not easy. The work has however been hampered by lack, and changes, of staff, and some areas are for that reason lagging behind in the yearly routine testing. This is disastrous, for the two earliest school years are the most important from this point of view, for children unable to reach the required standard then, should be examined at once and the defect corrected to prevent damage to their eyes, or education.

Similarly, the Health Visitors carry out and supervise the occlusion in squint cases, treatment needing care and constant observation from trained personnel, but reliance has had to be placed on parents where no Health Visitor has been available. A not very satisfactory procedure.

It is still, in my opinion, of paramount importance that the School Ophthalmic Service should remain an integral part of the School Health Department. It is still the duty of Local Authorities to ascertain cases of defective vision, and though ophthalmic personnel may or must be obtained from the Regional Hospital Board to conduct the examination and treatment, this should be done in the schools, and not in ophthalmic departments or hospitals divorced from the area and scheme which caters for all the facits of Child Health.

Similarly where operative or other ophthalmic treatment is required, an ophthalmic department of a children's hospital is to be preferred, but is I fear unlikely of fulfilment.

My thanks are therefore due to Devon County Council for permission to continue using their schools and clinics for examining the children, and to the Head Teachers and Miss Newman, my assistant, for their continued co-operation and help in making the premises as efficient as possible, and for the liaison which renders the scheme comprehensive enough to cover both its educational, as well as ophthalmic aspect."

Dr. Hutton.

" The past year has been marked by a considerable increase in the cost of non-free types of children's glasses, and in the cost of repairs to same.

At the present time only nickel based glasses (with artificial celluloid horn rims) are available free of charge, and primary school children have to pay more than three times as much for gold based or cellon types as they did before the National Health Service took over from the Devon County Council.

These frequent price changes combined with delays during

the first half of 1950 caused some embarrassment to the new scheme for providing school children's glasses through the Central Dispensing Department of the Exeter Eye Hospital (recorded in my last report).

Many complaints and much confusion was caused in my area due largely to the lack of local facilities. The help of Head Teachers and Attendance Officers in collecting cash payments and giving information was badly missed as were the local branches of the contracting Opticians where under the Devon County Council scheme old glasses could be straightened and new glasses adjusted.

Yet, in spite of all these difficulties parents have preferred almost unanimously to have their children's glasses ordered by the School Oculist at the time of the original examination.

Apart from shortage of the best types of free glasses (they are described as unobtainable at the moment) the supply position is now quite good—3 to 4 weeks in the case of new glasses.

Supervision of all children with ocular defects and the provision of treatment as required has continued through the past year.

In this way co-ordination between the care of children's eyes and their education has been promoted, the ophthalmic service co-ordinated with the general work of the School Medical Service, and the amount of school time lost by children requiring attention reduced to a minimum.

I would like to thank members of the School Medical and Educational Staffs for the undiminished interest and help they have extended to the School Ophthalmic Service since its transfer to the South-West Regional Hospital Boards."

On behalf of the Devon School Medical Service, I would like to express appreciation of the excellent types of free glasses now being provided for School Children, and in addition, would like to recommend :—

1. That children under 12 years of age should be provided with flat lenses rather than Toric.

   (Since toric lenses SCRATCH very easily and their optical advantages are not appreciated by children under 12 years of age).

2. That children between 12 and 16 years of age should be allowed the two types of cellon glasses at a further reduced rate.

   (Since the present cost of £1 9s. 11d. is more than parents can reasonably be expected to afford and more than $2\frac{1}{2}$ times as much as grant aided School children in this area were asked to pay for cellon glasses prior to the National Health Service Act).

3. That youths over 16 years of age receiving full-time instruction in an educational establishment should similarly be allowed the choice of free glasses or the two cellon types at a reduced price.

(Since they are no more in a position to pay for glasses than children under 16 years of age or Hospital in-patients to whom the above concessions have already been granted).

I would also like to stress the need to develop one good School Ophthalmic Service in place of the present duplication of free services for School children. (Since too many unnecessary glasses and too little supervision tend to be provided under the Supplementary service and in any case much more than a simple sight test of the adult type is involved in the proper care of children's eyes).

MINOR AILMENTS.

" Number of defects treated or under treatment during the year by the A.C.M.O's or Health Visitor/School Nurses at the Clinics or elsewhere."

(*a*) Skin.	
Ringworm—Scalp	10
Body	115
Scabies	166
Impetigo	615
Other Skin Diseases	1,611
Eye Disease. (External and other, but excluding errors of refraction, squint and cases admitted to hospital).	1,212
Ear Defects. (Treatment for serious diseases of the ear, e.g. operative treatment in hospital, is not recorded here).	890
Miscellaneous. (e.g. minor injuries, bruises, sores, chilblains, etc.).	10,849
Total	15,468
(*b*) Total number of attendances at Authority's Minor Ailment Clinics	39,741

The names and addresses of the various clinics are as follows :

Clinics.

Name	Address	Type
Alphington†	Elementary School	Minor Ailment
Appledore†	Baptist Chapel	Minor Ailment
Ashburton	Grammar School	Minor Ailment
Axminster	Secondary Modern School	Minor Ailment
Bampton†	Gospel Hall	Minor Ailment
Barnstaple	Ashley Road Hut	Minor Ailment and Dental Clinic
Barnstaple*	Girls Grammar School	Minor Ailment and Remedial Exercises
Barnstaple	Boutport Street	Speech Child Guidance Immunization & Vision
Bideford	Grammar School	Speech
Bideford	C/E. Institute	Minor Ailment
Braunton	Parish Hall	Minor Ailment
Brixham	Brewery House	Minor Ailment and Vision
Buckfastleigh	Council School	Minor Ailment
Budleigh Salterton†	Church Institute	Minor Ailment
Colyton†	Youth Club, High Street	Minor Ailment
Combe Martin	Junior School	Minor Ailment
Crediton	Newcombes	Minor Ailment Dental, Speech and Vision
Cullompton†	Parish Room	Minor Ailment
Dartmouth	Mayors Avenue	Immunization, Dental, Minor Ailment and Vision
Dawlish	The Knowle	Minor Ailment and Vision
Exeter	Alice Vlieland Centre	Child Guidance, Speech and Vision
Exeter	Royal Devon and Exeter Hospital	Dental " Gas " (Occasional)
Exmouth	St. Clements, Exeter Road	Minor Ailment, Vision, Dental and Remedial Exercises
Fremington†	Parish Hall	Minor Ailment

Name	Address	Type
Holsworthy†	Chapel Street Schoolroom	Minor Ailment and Speech
Holsworthy*	Primary School	Minor Ailment
Honiton	Secondary Modern School	Minor Ailment and Vision
Honiton	Wesley Hall	Speech
Ilfracombe	4, Market Street	Minor Ailment, Vision, Speech, Immunization and Dental
Ivybridge†	The White House	Minor Ailment
Kingsbridge	Greenhill	Minor Ailment, Vision, Dental and Immunization
Lynton†	Methodist Church Hall	Minor Ailment
Modbury	Modbury School	Minor Ailment
Morchard Bishop†	Memorial Hall	Minor Ailment
Newton Abbot	Glencoe, Courtenay Park	Minor Ailment, Vision Speech, Dental and Immunization
Newton Abbot*	Meadowside	Minor Ailment
Okehampton†	Fairplace Chapel	Minor Ailment
Okehampton	Old Grammar School	Speech
Paignton	Central Clinic, Midvale Road	Minor Ailment, Vision, Dental and Speech
Paignton	Hayes Road	Minor Ailment
Plympton	Congregational Hall	Minor Ailment
Plympton	Secondary Modern School	Speech
Plympton	Primary School	Speech
Plymstock	Secondary Modern School	Minor Ailment, Vision, Remedial and Breathing Exercises, Immunization and Dental
Salcombe†	Cliff House	Minor Ailment
Seaton†	Women's Institute	Minor Ailment
Sidmouth	Woolcombe House	Minor Ailment
South Brent†....	Church Hall	Minor Ailment

Name	Address	Type
South Molton†	99, East Street	Minor Ailment and Immunization, Speech, Dental and Vision
Tavistock	Church Hall, West Street	Minor Ailment, Vision, and Speech
Teignmouth	St. James Parish Hall	Minor Ailment
Tiverton	St. Andrew Street	Minor Ailment, Dental, Speech, Immunization and Vision
Tiverton	Girls Grammar School	Remedial Exercises
Torquay	Castle Road Clinic	Minor Ailment, Dental, Child Guidance and Vision
Torquay	Barton Clinic	Minor Ailment, Speech and Child Guidance
Torquay	Open Air School	Speech
Torquay*	Audley Park	Minor Ailment
Torquay	St. James School	Speech
Torrington	Church House, New Street	Minor Ailment
Torrington	Secondary Modern School	Speech
Totnes†	Borough Park	Minor Ailment and Immunization
Totnes	Secondary Modern School	Dental Emergency
Whimple†	The Shack	Minor Ailment
Witheridge†	Cadet Hut	Minor Ailment
Woolacombe†	Methodist Hall	Minor Ailment
Yealmpton†	Chapel Rooms	Minor Ailment

†Medical Officer's Short Session Minor Ailment Clinic prior to Child Welfare Session.

*School Nurse only.

In addition there are a few Vision Clinics held quite separately. They are, of course, conducted by the School Ophthalmic Surgeons of the Regional Hospital Board.

In addition there are a few Vision Clinics held quite separately. They are, of course, conducted by the School Ophthalmic Surgeons of the Regional Hospital Board.

ORTHOPAEDIC AND POSTURAL DEFECTS.

Mr. Norman Capener, Consulting Orthopaedic Surgeon has kindly submitted the following note on his work in so far as it affected the School Health Service during the year :—

" While in Devon we may be justified in expressing satisfaction with the service which has been built up over the years for the detection and treatment of physically disabled children and particularly with the preventive work carried out for the potentially disabled by our School Medical Officers, School Nurses and the associated Orthopaedic Clinics run under the aegis of The Princess Elizabeth Orthopaedic Hospital, nevertheless there is one important field in which we are still somewhat backward. I refer to the provision of educational facilities for the severely disabled child in puberty and young adolescence. In spite of all that can be done by modern orthopaedic practice in the prevention and treatment of disability, there are still certain crippling diseases, notably infantile paralysis, which leave the most serious physical handicaps. As is well known poliomyelitis in recent years has been greatly on the increase, and we now have a considerable number of young people who are unable to attend normal schools and for whom, therefore, residential accommodation and tuition is badly needed. In the provision of such a school, we need to plan education with a strong occupational bias. Voluntary agencies have done much already for certain special types of disability, such as I noted last year, for the spastic child. Compared with the latter, the type of case that I refer to is much less difficult educationally ; it is however, equally difficult physically because of the disability from which the child suffers. The County Council or a voluntary body such as the Devonian Orthopaedic Association must do something to provide a school for these handicapped older children."

Four Remedial Exercise Clinics were held by Health Visitors in the County. One hundred and eighty three children made 1,108 attendances at these.

GENERAL HOSPITAL TREATMENT.

The difficulty of getting reports on the admission to, and discharge of, children from Hospitals still persists in some areas, as there is no national machinery which ensures that the School Medical Officer of the area shall be informed of the treatment given to school-children at Hospitals. The point was discussed

with the Ministry of Education, who have decided that arrangements should be made on a local basis with the appropriate Regional Hospital Board. At the end of the year, discussions were still continuing to evolve a system which would be suitable for the Devon and Cornwall areas.

It is of paramount importance that the School Medical Officer, when making his Inspections at the School, should be informed of any matter concerning the child's health, and for this purpose, a note on any treatment given at Hospitals is, of course, necessary. Such comments would only be given with the consent of the parent concerned.

SPEECH THERAPY.

The County is divided into three areas for the purpose of Speech Therapy.

The following Tables show the work done during the year :—

A.	*Northern Area*	*Southern Area*	*Central-S.W. Area*	*Grand Total*
I. Cases in attendance at the beginning of the year	57	64	18*	139
II. New cases during year :				
(a) Initial	42	47	56	145
(b) Other	19	28	0	47
III. Total Number dealt with	118	139	74	331
IV. Number of attendances	1,522	1,643	922	4,087
VI (a) Discharged	15	39	9	63
(b) Left .... (Inclg. 14 transferred)	12	34	5	51
VI. Cases improved but not yet ready for discharge	28	18	31	71

*This figure applies only to the Plympton and Plymstock Clinics as the others were not opened until later.

TYPES OF SPEECH DEFECT OR DISORDER DEALT WITH DURING 1950.

(*Classified according to the predominating aspect of the disturbance*).

B.	*Northern Area*	*Southern Area*	*Central-S.W. Area*	*Grand Total*
I. Defects of Articulation— *e.g.* Dyslalia	61	62	26	149
II. Defects of Voice— *e.g.* Excessive Nasality	7	5	6	18
III. Defects of Language— *e.g.* Aphasia	3*	1	2	6
IV. Defects of Communication— *e.g.* Stammer	35	52	36	123
V. Multiple Defects— *e.g.* Cleft Palate	12†	19	4	35
TOTAL	118	139	74	331

*Speech defect due to severe mental defect is included in this Group. No proved case of Aphasia.

†Including diparturia and speech defects due to hearing loss, as well as Cleft Palate.

The following are notes on the reports of the three Speech Therapists :—

Miss M. H. Elsworthy, (Southern Area).

Miss Elsworthy welcomes the arrival of the third speech therapist as it has enabled her to extend her area by opening a new Centre at Honiton where the volume of work discovered amply proves the need for this much overdue extension.

In general, the year has been one of progress and great benefit has been derived from the new equipment acquired for all the Clinics.

Miss M. Burridge, (Northern Area).

Miss Burridge records that there was a certain amount of progress made in the Northern area in 1950 and the addition of new equipment has been of very great service. Thanks are also due to the Assistant County Medical Officers in the area who have given much needed help on the difficult cases. She also notes that a great deal of use has been made of the Consultation Scheme and in several cases, the expert advice obtained has been of inestimable value in the subsequent treatment of the patient.

Miss M. K. B. Ryan, (Western/Mid Devon Area).

Miss Ryan was appointed to run the Central Devon area from Okehampton and she opened new Clinics at Crediton, Okehampton, Tavistock and Holsworthy where they had an encouraging start due to the interest, kindness and co-operation of all connected.

Attendance has been most gratifying and most of the parents take a real interest. She records with interest the high percentage of stammering among the children of Plympton and Plymstock areas and notes that a great many of these cases have a history of shocks during the bombing.

SANATORIUM TREATMENT AND REPORTS FROM CHEST PHYSICIANS.

(1) **Dr. R. L. Midgley,** Medical Superintendent of Hawkmoor Sanatorium, has kindly submitted the following report on children of school age admitted to the Sanatorium during the year :—

There were seven children of school age in the sanatorium on January 1st, 1950, ten were admitted during the year, and one remained in the Sanatorium on December 31st, 1950.

These children were grouped clinically as follows :—

R.A.1.	Respiratory T.B. not recovered, extent of disease slight	6
R.A.2.	Respiratory T.B. not recovered, extent of disease moderate	1
R.B.2.	Respiratory T.B. recovered, extent of disease moderate	2
R.B.3.	Respiratory T.B. recovered, extent of disease severe	5
N.R.A.	Non-respiratory T.B. not recovered	1
N.R.B.	Non-respiratory T.B. recovered	1
	Observation	2

*Group R.A.*1. All the children in this group had extensive primary lesions, two being complicated by pleural effusions. One child had erythema nodosum with Mantoux conversion. All these children have done well with routine sanatorium treatment.

Group R.A.2. This child had an extensive primary lesion complicated by a pleurisy with effusion. She did well on routine sanatorium treatment.

Group R.B.2. The two patients in this group have made good progress, one is the boy mentioned in last year's report who has done well after major surgical treatment, the other child improved with routine sanatorium treatment.

Group R.B.3. Two of these patients came into this category because of non-tuberculous complications, one diabetes, and one mental deficiency. The diabetic child occupied a bed from September 1946 to April 1950, and when she was discharged her tuberculosis was quiescent and her diabetes under control. The child with mental deficiency died during the year.

Two others in this group had advanced pulmonary disease, one remains in the Sanatorium but has passed into the adult age group, the other one died.

The remaining child in this group was a case of miliary tuberculosis who developed tuberculous meningitis and died.

It will be appreciated that this group contains all the most serious cases, and it is not surprising, therefore, that the death rate has been high.

Group N.R.A. This child had cervical glands and a "cold" abscess; they were removed by operation and tubercle bacilli were not recovered from the glands.

Group N.R.B. This child had tuberculous cervical glands removed by operation, and tubercle bacilli were recovered from them. He made a satisfactory recovery.

Observation Cases. One of these cases was a child with advanced bronchiectasis who was considered unsuitable for surgical treatment. She improved with physiotherapy but the prognosis is not good. The other child had enlarged cervical glands but apart from a positive Mantoux reaction no evidence of tuberculosis could be found. This child was transferred to Oaklands Park for general convalescence.

Contacts. Of the children diagnosed as tuberculous, eleven had a definite history and one an indefinite history of contact with an open case of tuberculosis; two had a tuberculous family history but there was no evidence of contact, and two had no history.

If childhood tuberculosis is to be controlled, no effort must be spared to provide living conditions which will minimise this contact risk. One encouraging sign has been the start of B.C.G. vaccination during the year, and while it is too soon to expect any benefit from this measure nevertheless it gives rise to the

hope that in future we may see fewer of these severe primary reactions. The utmost vigilance will be required, however, to prevent a sense of over-confidence in the value of B.C.G. vaccination, with consequent slackening in the application of precautionary measures against the spread of infection.

Discharges. Of those discharged during the year, six returned home fit for school the following term, five were transferred to convalescent homes, two were transferred to other institutions, and three children died in the Sanatorium.

The average length of stay in the Sanatorium was 28 weeks. The number of children remaining in the Sanatorium on December 31st 1950 was one, plus one child who has passed into the adult age group as mentioned previously.

(2) The reports from the Chest Physicians are as follows :—

Dr. A. J. McMillan. (*Barnstaple Area*).

During the year 1950 a total of 257 children were examined for the first time.

Of this number, 21 were notified as suffering from Tuberculosis, and 142 were primary contact examinations.

Of the 21 children notified as cases of Tuberculosis the classification was as follows :—

	Boys.	*Girls.*
Pulmonary	2	8
Non-Pulmonary	4	7
TOTAL	6	15

254 Tuberculin Jelly tests were made,
116 of which were found to be Positive.

156 Mantoux tests were carried out in connection with B.C.G. vaccination.

62 children were vaccinated with B.C.G. vaccine, the majority of whom became Mantoux converted.

Over 650 X-ray examinations of children were made, and about the same number of E.S.R.

Amongst the children referred to the Chest Clinic, from General Practitioners or A.C.M.O's for chest symptoms, a number were found to have some atelectasis of one or other lower lobe, either temporary and associated with a recent pertussis or basal bronchitis, or permanent, with some bronchiectatic changes associated with a history of pneumonia.

Dr. G. E. Adkins. (*Exeter Area*).

A total of 525 children of school and pre-school age were examined, the majority of examinations including X-ray. The cases were divided as follows (the figures in brackets represent the figures for last year) :—

Primary examinations	253	—	Contacts	139	(55)
			Non-contacts	114	(109)
Re-examinations	270	—	Contacts	128	(74)
			Non-contacts	142	(80)
TOTAL	....		....	523	(318)

The following tuberculous conditions were found :—

" Adult " type pulmonary	1	
Pleural effusion	2	
Spreading primary focus	2	
Acute miliary tuberculosis	1	
Tuberculous cervical adenitis	6	
TOTAL	12	(26)

It will be seen that there is a material increase in the examinations done, particularly in the " contact " group. This reflects an improvement in radiographic facilities at " Ivybank " with an additional number of sessions being available and also with the installation of a modern high power plant capable of taking adequate pictures of children.

It will be noticed that the number of tuberculous conditions diagnosed is less than half of last year's figure. This does not represent a decrease of incidence of disease, but is due to a re-assessment of the criteria for notification. The decision as to when to notify a case of tuberculosis, difficult enough in an adult, is far more difficult in school-age children, and only those cases are notified where removal from school and some form of treatment, domiciliary or institutional, is required.

Apart from the installation of the new X-ray apparatus referred to, two other advances have occurred during the year. With the co-operation of Dr. Sheers, the Mass Miniature X-ray apparatus has been used to examine a school where a teacher had been found suffering from active tuberculosis. All the classes taught by this teacher—150 girls in all—were examined and one girl was found to have an active primary lesion and she is now under observation. In this connection it is less satisfactory to hear that the response to the Mass Miniature X-ray examination at a local teachers' training college was only 25%, and in spite of recent ministerial encouragement it appears that routine X-ray examination of teachers and others in contact with children, as recommended by the Joint Tuberculosis Council, still remains far from a reality.

Secondly, after several false starts, B.C.G. vaccination finally commenced on May 30th. Since then 32 child contacts

have been vaccinated, with 100% conversion rate, and the local reactions, though a little more marked than we had been led to expect, were never severe. The theoretical problem of segregation from the infecting source for three months during the vaccination period has, in fact, proved a very minor one, and has been satisfactorily solved by piecemeal methods. In this connection the relatively short sanatorium waiting list in the area has helped considerably, as a new sputum positive case can usually be kept in bed for at least the three months necessary before admission, and tuberculin testing of such families suggests that an " open " case in bed at home is a comparatively minor source of infection, but such a case, a little better and wandering around the house, creates entirely different circumstances.

B.C.G. vaccination has stimulated a previously rather flagging interest in the tuberculin test in contact examinations, and the jelly test, when the Pointon Dick technique is used, has proved equal in sensitivity to the Mantoux test with 1/1000 O.T. An advantage of this technique is an extension of the period during which the reaction is readable, and this aids the practice of referring the children to their own doctor for the reading, and general practitioners are thus being brought into closer touch with the clinic. Several are now tuberculin testing children on their own account without referring to the clinic which, although bad for clinic statistics and completion of records, is an encouraging sign towards wider appreciation of the preventive side of the tuberculosis problem.

Dr. W. E. B. Wyndham Lloyd. (*Plymouth Area*).

During the year the number of children seen for the first time was 404. Of these 173 were sent by their private doctors, 21 came through the school medical service, 208 were examined as contacts of known cases of tuberculosis, and 2 as prospective emigrants. Many of these children, in particular the contacts, were seen several times during the year. In all, sixteen children were found to have active tuberculosis and they were classified thus :—

Primary lung tuberculosis	7
Meningitis	3
Pleural effusion	1
Adult type lung disease	1
Glands of neck	2
Surgical tuberculosis	2
TOTAL	16

There were three deaths, two from meningitis and one from pulmonary tuberculosis. Of the primary cases 5 were found during contact examinations, one after an attack of erythema

nodosum and the seventh was sent by his own doctor. They were all treated at home and are well but still under observation. Of the three cases of meningitis two began also as known primary lung disease and developed meningitis whilst under treatment, one in hospital and the other at home. The third case like the others was treated with streptomycin but with great success and is now convalescent. In all three instances the source of infection was traced to adults who have now been treated. The one case of adult type lung disease came from another area and, on the diagnosis being made here, was immediately sent to the sanatorium. Of the two gland cases one was treated at home and the other came from another area already treated. Both did well. The two cases of surgical tuberculosis were referred to the orthopaedic surgeons.

Vaccination of children against tuberculosis with B.C.G. was started in 1950, but, through the failure of supply of vaccine in the early part of the year, it was not possible to begin until May. Preliminary tuberculin testing was carried out on 362 children, of which 243 were positive reactors and 119 negative. The very high proportion of positives is due to the deliberate selection of children from infected households so that they can be protected by vaccination as a matter of urgency. Every effort was made to vaccinate the children of patients in Hawkmoor before the patient returned to his or her home. Thirty-two negative reactors among child contacts were successfully vaccinated during the year. It is hoped to extend the campaign considerably in the coming year. In the tuberculin testing of the children the co-operation of the health visitors has proved of outstanding value.

CHILDREN'S HOMES.

Children of school age from these Homes are examined in the usual way at school, within their age-groups, while special examinations are carried out at other times. Such children are examined three times a year.

The children who are Boarded-Out with Foster Parents are specially examined every time the Medical Officer visits the schools they attend.

As I mentioned in my last report there is also the Children's Home at Oaklands Park, Dawlish, which is run by the Health Committee, being part of the services provided by Section 28 of the National Health Service Act. Children who are malnourished, listless, anaemic, lacking in muscular tone or suffering from general debility, in fact, those whose condition is such that without a period of special care, they may become a charge on

the community due to illness, are the types of cases who are admitted to this Home. As most of the children admitted there ordinarily attend grant-aided schools, the following Table is again given in this Report :—

Number of recommendations for admission received	137
Number of school children admitted for the first time during the year	128
Number of children re-admitted	2
Average length of stay	12 weeks, 6 days.
Average gain in weight	4 lbs., 15 ozs.

CONSULTATION SCHEMES.

The records of children referred to Consultants were as follows :—

(*a*)	Child Guidance	163
(*b*)	Tuberculosis Officers	112
(*c*)	Ear, Nose and Throat Surgeons	1,310
(*d*)	General Physicians	48
(*e*)	General Surgeons	35
(*f*)	Dermatologists	92
(*g*)	Plastic Surgeons	14
(*h*)	Orthopaedic Surgeons	504
(*i*)	Ophthalmic Surgeons	48*
(*j*)	Any other	44
	TOTAL	2,370

*These were cases specially referred for consultation.

INFECTIOUS DISEASE IN SCHOOLS, AND IMMUNISATION.

Three schools were closed on account of Infectious Disease (2 Chicken Pox, 1 Infantile Paralysis).

In this County we arrange reinforcement doses of diphtheria antigen when the child enters school and before leaving the primary school for the secondary school. That is to say reinforcing doses are given at the age of five and at the age of ten. These reinforcing doses are given to the children whose parents consent, and who require them, more usually at the conclusion of the Medical Officer's reinspection on his visit to the school. A total of 5,288 reinforcing doses was given in the schools during the year.

EMPLOYMENT OF SCHOOL CHILDREN OVER 12 YEARS OF AGE.

No. of cases examined by Asst. C.M.O.'s.	508
No. of cases examined by private doctors	8
No. of cases found unfit for Employment, or who were refused Employment on other grounds	2
No. of cases in which Employers were prosecuted for offences against the Authorities Employment Bye-Laws under Sec. 18 of the C. & Y.P. Act, 1933	3

CHILD WELFARE.

The Scheme whereby in certain small schools parents may bring their " pre-school age " children for medical examination was taken advantage of a little more this year, sixty-six having been examined against 46 in 1949.

NURSERY SCHOOLS.

There are no Devon County Council Nursery Schools, and the six Part-Time Nurseries were all permanently closed in the first half of 1950. The London County Council, however, run a Nursery School at The Cliffs, Dawlish, and make a grant to the Devon County Council to cover inspections by our Staff.

During the year children attending three of the Part-Time Nurseries were medically inspected as though they attended Nursery Schools (of which there were none in the County).

Forty eight children were seen at periodic examinations and three of these required treatment for conditions other than dental disorder and verminousness. In addition, 16 Re-examinations were made. There were no " Specials " examined.

DIRECT GRANT SCHOOLS.

There is an arrangement whereby medical and/or dental inspection is provided for recognised Devon pupils in the above-mentioned schools.

PRIVATE SCHOOLS.

At two Convent Schools in the County certain children come under the Devon County Council School Health Scheme.

Thirty two children received Periodical Medical Examinations, three were examined as " Specials " and thirty-one re-examinations were made. Of the children who received periodical examinations three were found to require treatment.

EXTRACTS FROM ANNUAL REPORTS OF INDIVIDUAL ASSISTANT COUNTY MEDICAL OFFICERS.

Dr. J. S. Aldridge, (*Kingsbridge Area*).

Dr. Aldridge comments about the difficulty of hearing the results of cases of children sent to specialists independently by the family Practitioner. It should be noted that arrangements to close this gap in the Medical Services are under consideration by the Regional Hospital Board. He finds that the organisation of out-of-school activities, such as sea scouts, guides and youth clubs, is scarce. He also says that many children attend school in advanced stages of weariness and comes to the conclusion that there are two main factors, climate and late bed. He wonders whether out-of-school activities could take place at an earlier hour than from seven o'clock to nine, as in some cases, it may be eleven o'clock at night before the child goes to bed.

The main deflections from health in the area were concerned with upper respiratory tract infections. Dr. Aldridge also comments that nearly 100% of the children had thread worms at one time or another and some cases are very resistent to treatment.

Dr. Aldridge pays tribute to the good work being done for orthopaedic conditions and says that Health Visitors' Clinics at Kingsbridge and Plymstock, where remedial exercises are given, are paying very large dividends.

Games and P.T.

Dr. Aldridge undertook a concerted drive to encourage those who had shown reluctance to join in communal games and P.T. and overcame the ideas of many parents who did not believe that exercise benefits the child. Much time was expended on this minority but with worthwhile results and he reports that at the beginning of each term he has seen this minority and there remain only those who cannot play games for physical reasons. He notes that in this area there are no old boys' teams.

School Clinics.

The two School Clinics at Kingsbridge and Plymstock are both well attended. They are both conveniently placed to serve the Modern Secondary Schools and draw the majority of their clients from them. The Clinics have been frequently visited by parents of children for consultation and their popularity reflects the popularity of the respective Health Visitors.

Dr. Aldridge reports that a large part of the School Clinic time is taken up with cases needing psychological advice and that Headmasters have shown readiness to consult about the children. Many children derive benefit from Meetings with Parents and

Teachers in consultation with the Medical Officer. Advice is also given on the type of work or careers to be followed.

Dr. Aldridge examined all the fifty schools in the area both periodically and for re-examinations.

Dr. L. G. Anderson, (*Exmouth (part of), Budleigh Salterton, and St. Thomas Rural (part of)*).

Dr. Anderson makes a special report of the methods adopted at the Exmouth Clinic for children afflicted with suppuration of the middle ear. The scheme which is in force at present consists of :—

(1) On the first visit the child is examined and the condition notified by letter to the patient's own doctor. At the same time the doctor is given the opportunity of accepting the clinic treatment for his patient or if he so wishes, undertaking the treatment himself. His views are also sought on any special treatment he wishes to be carried out. In all cases, up to the present, treatment at the clinic has been accepted by him and the method of treatment has been left to the Assistant Schools Medical Officer.

This procedure outlined above ensures full co-operation with the patient's private doctor so essential to the smooth running of a school health service.

(2) Treatment is given each Monday, Wednesday and Friday.

(3) Each three months the patient is referred back to his own doctor with notes on the progress being made and any further suggestion such as the advisability of specialist's opinion, etc.

He again asks for the opening of a Speech Therapy Centre at Exmouth and it is hoped that this will be possible next year following on the appointment of a third speech therapist in the County.

Dr. M. E. Budding, (*Tavistock Area*).

Dr. Budding records that the work has continued with little substantial difference to the preceding year and notes that there was no outstanding epidemic during the year.

School Clinics.

She states that the emphasis is once more on the advisory, even more so now, since the General Practitioners' surgeries are overflowing. Valuable work can be done in this way for preventive medicine in the School Clinic but it necessarily means that the

numbers seen are not large as such cases take time. She stresses the low incidence of impetigo and otorrhoea in the area and pays tribute to the preventive work of the Health Visitors. Clinic premises are, unfortunately, mostly unsuitable and poorly heated.

Dr. Budding is very concerned about the length of the waiting lists for cases suffering from unhealthy tonsils and requiring treatment for orthopaedic conditions. She wonders whether the cause of so many school entrants suffering from knock knees and flat feet is due to lack of protein in the diet.

School Meals.

Dr. Budding again pays tribute to the excellent meals provided, but comments on the lack of fresh fruit and salads in certain canteens.

Vaccination and Immunisation.

Dr. Budding records that only a small percentage of babies were presented for vaccination with the exception of the Tamerton area, where practically every baby born in the area is vaccinated.

The response to diphtheria immunisation has continued to be good. She finds that the majority of the five year olds now entering school have been immunised as babies due to the efficiency of the energetic campaign started by Dr. Allen-Price some years ago. It is almost unknown for a parent to refuse a boosting dose.

School Medical Inspections.

All the schools in the area were covered this year and Dr. Budding pays tribute to the Head Teachers who were most co-operative and helpful. She is still surprised at the high percentage of parents attending medical inspections in rural areas where transport is often non-existent.

Oaklands Park.

Dr. Budding records that the work at Oaklands Park is getting well known among the General Practitioners for its excellent results. Some parents are reluctant to send children there on account of the distance but the General Practitioners also add their persuasion and very few parents refuse to allow their children to go there now.

Dr. T. J. Davidson, (*Bideford Area*).

Dr. Davidson came to the Bideford area in June and was there until the end of the year. He comments that the School Medical Inspections were carried out as prescribed but that no re-inspections were possible.

" Pupils examined at Medical Inspections are found to fall into one of two categories (*a*) Those who have major disabilities

of mind or body which necessitated special educational or other treatment. This forms a small but significant minority and produces the most interesting and obviously useful part of the A.C.M.O's work. (*b*) The rest—the large majority—have been well screened and treated by C.W. Centres, Private Practitioners, etc. etc., and most defects of any importance have been dealt with before the children come up for Medical Inspection.

Except for the Medical Inspection on admission to school at the age of five and the follow-up of those with major defects, I feel that these routine inspections as at present carried out could without prejudice, be modified."

Dr. Davidson pays tribute to the work of the Health Visitors, who, owing to their intimate knowledge, and contact with the children and their parents, are the guardians of the children's health from the day that they are handed over by the mid-wife until the day they leave school. He records that the Clinics held at Bideford and Torrington were well attended and provide a useful contact between the teacher, parent and School Medical Officer. He is not happy about the attendance at the Clinic in South Molton which is held before the Maternity and Child Welfare Centre.

Dr. Davidson states that generally, the school-children in the area are healthy but those who are below par attend at Clinics to receive supplementary vitamin products. He is of opinion that they are probably cases of under-nourishment.

Dr. Davidson records his thanks for the full co-operation and assistance he received from all the Head Teachers in the area.

Dr. H. M. Davies, (*Newton Abbot Area*).

Dr. H. M. Davies was appointed Medical Officer of Health to the Newton Abbot Urban and Rural District Councils and the Dawlish and Ashburton Urban District Councils during the year. In consequence of this increased responsibility some of the schools and Welfare Centres in the Eastern side of his area were transferred to Dr. Walker. He reports that the general state of the children's health remains very good.

His report includes the following notes :—

Infectious Diseases.

" Acute Anterior Poliomyelitis was prevalent in the Area from August until the end of the year. Eleven school children were affected, the disease proving fatal in three cases. The village of Moretonhampstead suffered particularly badly, four children being affected, with one fatality.

The School Medical Officer and myself were in frequent consultation during the duration of the outbreak and all possible

steps were taken to limit the spread of the disease. Numerous family contacts were excluded from schools for varying periods.

Children from Moretonhampstead attending various senior schools in other parts of my Area were excluded from attending these schools until the outbreak at Moretonhampstead had completely subsided. It was not considered necessary to close any of the schools.

Other Infectious Diseases occurred but the incidence was not unduly high nor the attacks abnormally severe.

Defects Discovered at Medical Inspections.

The conditions most usually discovered are the common defects of the ear, nose and throat, minor orthopaedic defects, and caries and other dental defects.

The Health Visitors and myself are continually striving to improve the personal cleanliness of the school children in the Area. Even in these enlightened days it is no rare thing to find a child who admits to possessing no toothbrush.

Employment Certificates.

I am getting an increasing number of children who require certificates of fitness for part time employment. To my surprise these include a few Grammar School children. It would appear that a child at a Grammar School should be fully occupied without undertaking additional work. As I see it, I have no grounds to refuse such a certificate if the child is physically fit.

Diphtheria Immunisation.

Immunisation against diphtheria was suspended from August to the end of the year due to the outbreak of Poliomyelitis. Efforts are now being made to make up for the time lost.

Once again I express my thanks to the Health Visitors, Nursing Assistants and Head Teachers for their assistance and co-operation during the year."

Dr. A. Dick, (*Paignton Area*).

Dr. Dick's report states that :—

" Children, broadly placed in age-groups, appear to have now reached a higher, and more generally uniform standard of well-being as regards heights, weights, rate of growth, general fitness and freedom from the earlier 20th Century defects than at any other time that I can remember.

The many children who live in caravan homes and in overcrowded conditions show little ill effect of such a life—one might reasonably expect more, and more serious cases of tiredness, nervous disturbance, etc. But this is not so, and one can only

conclude that school meals, more milk drinking, and the benefit of the relatively sunny and mild climate of South Devon more than outweigh the ill effects of disadvantageous living quarters in most cases.

Some care has been taken in the past few years in passing children for Juvenile Employment. There are quite a number of children whose employment has been deferred during the Winter months, being passed as fit for the Summer season only. I have felt justified in refusing, or deferring, certification in children—all boys—who have not been able to show that they could take time to clean their teeth, and often had signs of gingivitis ; and children have not been passed as fit for work with food and milk supplies if they showed these defects, or had throat conditions.

The beneficial results of the work of the Assistant School Nurse in this Area are a pleasure to all whose work takes them into contact with School Children and who remember conditions of cleanliness of years past. At the Central Clinic, Midvale Road, where there are bathing facilities, only nine children required cleansing during the year."

Dr. D. Green, (*Honiton Area*).

Dr. Green's report states that :—

" The physical condition of the school entrants examined during 1950 appeared about the same as in recent years—poor posture and catarrhal conditions are very prevalent. The general condition, however, appears to improve after a year or two at school—presumably as a result of school dinners.

Parents in general seem to be becoming more alert to the necessity for early treatment of minor defects, and nearly all of them consent to immunization. On the whole, more parents attend medical inspections and they usually co-operate readily in any suggestions made.

My thanks are due to all the Health Visitors, whose ready co-operation has been of such assistance to me throughout the year."

Dr. J. M. Hinde, (*Crediton—Okehampton Area*).

Dr. Hinde, who was working part-time in the Crediton and Okehampton areas from May 1950, records that at all the schools in her area, routine and re-inspections have been carried out and she notes that the attendances of parents have been fairly good for so rural an area.

She was struck by the poor teeth of the younger children and records that those who still refuse to use the School Dental Service are the worst cases. Dr. Hinde thinks that it is tragic that the Dental Service has had to curtail its work especially in

the rural areas, where the obstacles to taking a child to the dentist are so very great.

The abnormalities which were most common were :—

1. Diseases of the upper Respiratory Tract.
   (*a*) Enlarged adenoids.
   (*b*) Sinusitis.
2. Postural defects, especially in older girls.

For those children whose health is suffering, the Authorities have been very helpful in arranging speedy admission to Hospital for the removal of their tonsils and adenoids, although there is still a very long delay for the average case. However, Dr. Hinde notes that some of these latter cases improve considerably during the two years wait, so that operation becomes no longer necessary.

The proportion of children immunised in her area at Welfare Centres and schools is satisfactory but the low numbers vaccinated appear to be somewhat alarming.

Dr. M. H. King, (*Ashburton—Brixham—Dartmouth Area*).

Dr. King reports that over 90% of the parents attend the first medical inspection and that a high percentage also attend the second and third inspections. She is of opinion, however, that the children themselves try to dissuade the parents from coming to the later inspections.

She reports that the general standard of cleanliness is very good and that the children are, on the whole, sensibly clad. She has not seen a louse at medical inspections this year and only occasional nits and considers that the clean head conditions prevalent reflect the greatest credit on the unremitting attentions of the Health Visitors and Nursing Assistants.

While Dr. King finds less caries at medical inspections each year, she records that it would be disappointing if, owing to present conditions, school dental work lapses, as unless regular inspections and treatment are routine, many parents tend to postpone indefinitely, visits to private dentists. She notes that many children are not well trained to clean their teeth regularly.

Dr. King is of opinion that the low incidence of scabies and impetigo is due to the prompt diagnosis of the teachers who insist on immediate treatment, thus preventing the spread of infection. She is also convinced that there is a diminution in the number of cases of acute and chronic ear discharge. She thinks that the factors contributing to this improvement are improved hygiene, increased knowledge of the parents of the dangers of ear disease, leading to prompt treatment, and to modern methods of treatment.

Dr. King reports that she finds fewer cases of defective posture

and flat feet than she had four years ago and thinks that perhaps a factor contributing to this is the increased emphasis on remedial work and P.T. instruction.

Nervous overstrain has been found at all ages but investigation usually proves that it is due to some unsatisfactory factor in the child's home life and not in the school curriculum.

She considers that the general physical condition of the majority of the children is very good indeed and that the physique of many of the older girls is magnificent.

She has been interested to note that in areas where there is a considerable amount of new building and the families have moved from damp, dark and ill-ventilated houses to the reverse, there is a general improvement in the well-being of the children, but that it is unfortunate in some cases, that the rents of these ideal houses are so high that the mother has to go out to work to supplement the weekly income and in consequence, the home atmosphere may be one of mental strain and stress.

She still finds tired children and continues to stress the importance of adequate rest.

Dr. G. D. Park, (*Kingsbridge Area*).

Dr. Park, who moved to Lancashire in March of the year under review, reports to me that the health of the children remains extremely good and shows no deviation to what he had reported in the previous years. He notes that the two new Clinics in Kingsbridge and Plymstock function well and that they are a great improvement to what previously existed. He records that the Clinics having been opened when the impact of the National Health Service was becoming manifest was extremely fortunate as the numbers attending appear to be increasing. A breathing exercise session was commenced at the Plymstock Clinic.

Dr. N. Proctor-Sims, (*Tiverton Area*).

"I have been in the Tiverton area for six months, having taken over in June, and during this time work has continued uneventfully. The measles and whooping cough epidemics have caused a good deal of ill-health among the children. Nutrition standards are about average. I find that many of the C. standard children come from homes where they are allowed to be fussy over food and where often the father or mother set an example of faddiness which naturally the child follows.

We are fortunate in being able to have necessary tonsillectomies dealt with with very little delay; when after a reasonable period of observation it is found necessary to recommend operative removal, it is of great benefit to the child not to have to wait yet another year or two before operation.

I think there is a tendency for the school clinic to be used too much for the treatment of very minor ailments which could

and should be dealt with at home or from the first-aid box at school.

The problem of the adolescent with bad posture is rather difficult in some schools, special classes are I think necessary, but not always possible to arrange. I think we need to see more of our colleagues in the P.T. side.

Too many small children still wear Wellington boots all day in school but in poor families the rising price of boots and shoes and their repair do constitute a serious problem.

I acknowledge with pleasure the co-operation I have had from Health Visitors and Head Teachers."

Dr. Solomon, (*Torquay Area*).

Dr. Solomon records that routine Medical Inspections were carried out on all school-children presented in the various groups and it was possible also to do re-inspections during the year. Many special cases were also seen by appointment at the Castle Road and Barton Clinics. During the year 2,126 routine inspections, 1,046 re-inspections and 104 special examinations were done. The attendance of so many parents at School Medical Inspections was very gratifying and Dr. Solomon thinks that they were pleased to have the opportunity to discuss their child's general health and were receptive to advice for the child's good. His personal impression is that the general condition of the children compares very favourably with that of the children in his previous area.

Dr. Solomon carried out a pilot survey during the year to try to find an answer to the question which is frequently asked. " Is my child below the average (Torquay) weight and height for his age ? " He chose as a sample, those children who were presented for routine Medical Inspection during the second and third terms of 1950. A total of 990 boys and 676 girls were examined but the total numbers in several age groups were too small to give a significant average. However, for interest, the following are the average heights and weights in the age groups, with the number of observations on which each average is based in brackets beside it.

WEIGHT (lbs.)

	(4)	(5)	(10)	(12)
Boys	41 lb. (84).	45 lb. (147).	71 lb. (127).	86 lb. (196).
Girls	40 lb. (74).	44 lb. (124).	74 lb. (104).	89 lb. (127).
		(13)	(14)	(15)
Boys		91 lb. (77).	108 lb. (76).	122 lb. (82).
Girls		—	—	—

HEIGHT (Inches).

	(4)	(5)	(10)	(12)
Boys	41″ (77)	43″ (150)	53″ (127)	58″ (202)
Girls	41″ (72)	42″ (128)	54″ (105)	58″ (123)
		(13)	(14)	(15)
Boys		59″ (76)	62″ (75)	66″ (88)
Girls		—	—	—

It is hoped at some future date to analyse the figures for the total school population of Torquay and to obtain more representative figures.

Dr. Solomon is quite scathing about the school buildings provided for the Open Air School at Torquay. In spite of these difficulties, however, he pays tribute to the magnificent work done by Miss Laycock and her team of devoted teachers, with these children, many of whom would have had to stay at home and have home tuition if the Open Air School was not available. As a measure of the success of the school under difficult circumstances, it has been calculated that the average gain in weight for both the Delicate and Physically Handicapped Groups was 7-lbs. in 12 months.

Much stress was laid on cleaning the children who were infested with vermin and by a strict policy of excluding verminous children from school, it has been possible to reduce the number by more than 50% during the year. Re-infection at home and the hard " core " of " difficult " families has made the work of raising the standard of cleanliness far from easy.

Dr. Solomon is of opinion that the provision of an adequate number of vacancies at Residential and Day Special Schools or of special Day Classes for educationally sub-normal children, is long over-due.

Dr. G. H. Walker, (*Exeter Area*).

Dr. Walker states that as the years roll by she feels increasingly sure that Infant Welfare Centres yield the richest dividends in " positive health." She considers that so many points in rearing an infant can be stressed in a few minutes chat, even though the doctor appears to be only admiring the baby. The good done for the health of Infants at such Centres should assist in reducing the number of defects discovered when these same children reach school life.

Dr. H. R. Vernon, (*Ilfracombe—Barnstaple Area*).

Dr. Vernon visited all the schools in his area twice during the year and was of opinion that nutritional standards were lower. He records that some of the poor nutritional cases increased in weight during the term but lost it during the holidays, especially those who took school milk and dinners.

He notes that the general health of the children has been good and that the number of cases of ear discharge and ear, nose and throat infections has greatly decreased. Much of the improvement is found among the families who have moved out of over-crowded quarters into new houses where there is room and sufficient air for all. He is concerned about the over-crowding of many of the Infant and Primary Schools.

Dr. Vernon notes that the supply of spectacles is now efficient

and those children who require them get them within a reasonable time.

School Clinic work has been busier during the year. More cases have been seen and more preventive work has been done in advising parents on general and medical health problems.

He notes that there is a change in the type of patient taking advantage of the School Clinic and states that many now prefer to come to the School Clinic with their children rather than wait for hours in crowded waiting-rooms.

THE SCHOOL DENTAL SERVICE.

Report by Mr. Jeffery Fletcher, L.D.S., Chief Dental Officer.

STAFF.

During the year under review the position in regard to the staff of the school dental service has further deteriorated. In February, Mr. Norman Harris died while at work at Castle Road Clinic, Torquay. Mr. Harris had been in poor health for some time but had with great fortitude carried on with his duties. He was well liked and much respected by all who knew him, and will be greatly missed by the young patients who had been under his care for so many years. At the end of July Mr. L. D. Smith, (Sidmouth area), and Mr. G. Pendlebury, (Holsworthy area), resigned their appointments to undertake private practice, and in October Miss Campbell, (Newton Abbot Clinic), left the service. On the other side of the picture Miss E. M. Rich, (Bideford area), joined the staff in January. In March, Mr. J. A. Pugh was engaged part-time (5 sessions weekly) at Castle Road Clinic. Mrs. Inder has continued to attend Barnstaple Clinic two sessions weekly to maintain a skeleton and emergency service. In September Mr. W. A. Dredge, who had served with the County from 1941-1946, rejoined the staff in a temporary capacity in the Sidmouth area. Mr. H. P. Joscelyne contributed 4 sessions weekly at Exmouth Clinic and in December Mr. H. N. Barnes and Mr. W. H. Burndred joined the staff of Castle Road Clinic, Torquay, for 3 sessions each weekly. Mr. Barnes, then a Surg. Lt. Comdr. (D) in the Royal Navy, will be remembered for his reports on the dental condition of the Tristan da Cunha Islanders in 1937 when they still had a remarkable record for "immunity" from dental decay. Since then "the diet of commerce" has been gradually superseding the more natural diet of these islanders with a consequent deterioration in their teeth. At the end of the year there was the equivalent of 14 whole time Dental Officers in the County to deal with a school population of 55,500* and other commitments under the National Health Service Act, out of a total establishment of 19.

*This figure Excludes "Further Education."

Dental Inspection and Treatment.

During the year 1950 in spite of the difficulties referred to above 35,564 children were dentally examined, of these 23,876 (67.1%) were found to require treatment. Of these 18,137 or 76% were actually treated. Below as in previous years are given the itemised figures per 100 children treated.

Treatment per 100 Children.

	1946	1947	1948	1949	1950
Fillings.					
Permanent Teeth	92.8	97.6	93.3	103	95.3
(No. of Teeth filled)	(83.2)	(90.2)	(84.6)	(92.5)	(83.4)
Temporary Teeth	13.8	12.2	16.7	15.2	11.1
Extractions.					
Permanent Teeth	14.6	11.8	11.4	13.7	13.2
Temporary Teeth	81.5	68	80.2	89.8	89.4
Other Operations	38	51	48	54	72

Some of the figures show little change from those of the previous year, but I feel I would be unwise to draw any immediate conclusion from them in view of the changes of staff which have occurred during the period under review. Nevertheless a number of dental officers in their individual reports have drawn attention to the increasing number of fillings which they have found themselves called upon to carry out. My own observations confirm this, and I am convinced that there has been a deterioration in the dental condition of the children following on the partial relaxation of the austerities which the war-time diet imposed. In my last year's report I did refer to the fact that school dinners frequently ended with a sweet soft sticky starchy second course thus providing ideal conditions for the initiation of the process of dental decay. One realises how difficult it would be to change the national dietetic habits—as many people would rather have the sticky sweets even if it did mean the early loss of teeth, but there is a preventive measure which is being experimentally carried out in the U.S.A. and Canada which shows much promise of success. I refer to the artificial fluoridation of the communal water supplies. It has long been known that minute traces of fluorine in the drinking water if consumed during the formative period of the teeth will impart on the individual a partial immunity to dental decay. If the fluorine content of the water rises too high, then unsightly "mottling" with brown staining of the enamel results, but with the presence of only 1 part per million this does not occur, and with proportions higher than this little extra protection is afforded. This figure of 1 p.p.m. of fluorine

has therefore been chosen for the experiments in North America and although they are still incomplete, nevertheless in all cases a significant improvement in the teeth of those children who have consumed the water in early childhood has been noted. In many cases up to 50% improvement has been claimed, and there have been no negative results. This has led the U.S. Public Health Service, the American Dental Association and the American Water Works Association to endorse the project and recommend its extension. It is understood that the Ministry of Health are interested in this matter and so possibly it may, in the near future, be possible to institute similar preventive measures in this country. The cost of the process is low and appears to be quite comparable with that of chlorination which is also practiced in many instances for the safety of the drinking water supplies.

Clinics.

During the year under review the dental clinic at "Newcombes" Crediton has been brought into service. It has resulted in much improved facilities for treatment in the area. Emergency treatment sessions are held weekly for the care of those cases needing emergency or urgent treatment or advice. Miss Shapland, the Dental Officer in charge, states that children come for such treatment from as far away as Spreyton, Bow, and Tedburn St. Mary. All local patients are treated at the clinic, together with those within the framework of the Maternity and Child Welfare Dental Scheme. It is also now possible to bring in for treatment those cases for whom extractions under general anaesthesia are considered necessary. Miss Shapland states, "The Clinic has already proved a great asset and is much appreciated by the patients as well as by myself."

The conversion of the original dental waiting room at Castle Road Clinic, Torquay, as a second surgery was completed during the year, and this has made possible an improved service for the children in Torquay. It has been possible to obtain the part-time services of four practitioners in Torquay to man the two dental operating rooms.

Equipment.

Operating lights of an up-to-date pattern have been installed in both Paignton and Newton Abbot Clinics adding much to the comfort of the dental officers working therein.

Orthodontic Treatment.

Orthodontic treatment for the correction of crowded, misplaced and badly aligned teeth has continued in a number of selected cases. Mr. A. S. Peacock, who gained his diploma in Dental Orthopaedia in May, 1950, has continued to act as consultant orthodontist to his colleagues in other areas of the County, and to undertake treatment himself of the more difficult cases at

Plymstock, Torquay, Newton Abbot, and Exmouth. The exigencies of routine dental treatment owing to deficiencies in staff have however, made it necessary to cut down the amount of time devoted to this important aspect of dentistry. It is hoped that this may be merely a temporary phase.

The number of orthodontic cases under treatment at the beginning of the year was 260, the number of new cases commenced was 234, the number of cases completed during the year was 115, and the number of cases discontinued for other reasons was 74.

Co-operation.

The dental officers are at one in expressing their appreciation of the cordial relations which have been established with the Teaching Staff. All fully realise that without their co-operation and help the dental scheme in the County could not achieve the success which it has done.

There are places, however, where with the best will in the world it has been quite impossible for accommodation to have been found on the schools for the dental officer to give treatment for the school children. Bideford Schools provide a case in point and to overcome this difficulty the erection of a clinic has been included in the forthcoming building programme.

Mobile Clinics.

There are many places where similar conditions prevail but where the numbers of children involved would not justify the establishment of a fixed clinic in the immediate neighbourhood. To cope with the needs of such places I have recommended to the Education Committee the purchase of a mobile Dental Clinic, and provision has been made for the acquisition of such a vehicle in the 1951-52 School Health Service estimates. Where such mobile clinics of the up-to-date pattern now available are in use, and their design is based on experience gained not only in the School Dental Service but in the Armed Forces of the Crown in taking dental treatment to smaller Units, there is no doubt but that they are popular not only with Dental Officers and their patients but with the Teaching Staff as they occasion much less dislocation of their school routine.

Dental Attendants.

A word of praise for the work of these ancillaries must be included. In those clinics where part-time dental officers are employed, great responsibilities in connection with the arrangements of appointments and the general smooth running of the clinics rest on their shoulders. Mr. J. A. Pugh, part time Dental Officer, Castle Road Clinic, Torquay, writes, "With several Dental Officers working on a part-time basis, it will be appreciated that the task of the dental receptionist has been no light one, and the smooth way in which both surgeries operate is in no small way due to her keenness and willing co-operation."

PROPAGANDA.

Many Dental Officers report that they have given talks on dental matters in schools and to Parent-Teacher Associations. There is no doubt that such efforts serve an invaluable purpose in imparting knowledge of "Preventive Dentistry" and other matters in connection with the Scheme where they are truly needed.

DENTAL INSPECTION AND TREATMENT.*

Primary and Secondary Schools (including Grammar), —also Special Schools.

(1)	Number of pupils inspected by the Authority's Dental Officers :			
	(*a*) Periodic age groups			32,660
	(*b*) Specials			2,904
			Total (1)	35,564
(2)	Number found to require treatment			23,876
(3)	Number referred for treatment			23,876
(4)	Number actually treated			18,137
(5)	Attendances made by pupils for treatment			30,155
(6)	Half-days devoted to :	Inspection Treatment	....	5,098
			Total (6)	5,098
(7)	Fillings :	Permanent Teeth	....	17,288
		Temporary Teeth	....	2,804
			Total (7)	20,092
(8)	Number of teeth filled :	Permanent Teeth	....	15,139
		Temporary Teeth	....	2,368
			Total (8)	17,507
(9)	Extractions :	Permanent Teeth	....	2,399
		Temporary Teeth	....	16,211
			Total (9)	18,610
(10)	Administration of general anaesthetics for extraction			3,702
(11)	Other operations :	Permanent Teeth	....	10,287
		Temporary Teeth	....	2,867
			Total (11)	13,154

*For the present the Ministry are not asking for information regarding treatment carried out apart from the Authority's Scheme.

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